

Scotland and Northern Ireland EQA Scheme in General Histopathology

Circulation 51

Case A

F: 59 years, skin biopsy right post-aural area.

Right post aural lesion. ?lipoma/cyst.

Site of this lesion was post-aural,
lesion separate from any underlying salivary gland tissue.

MACRO

A skin ellipse measuring 23 x 13mm with firm nodular underlying tissue 22 x 12 x 11mm.

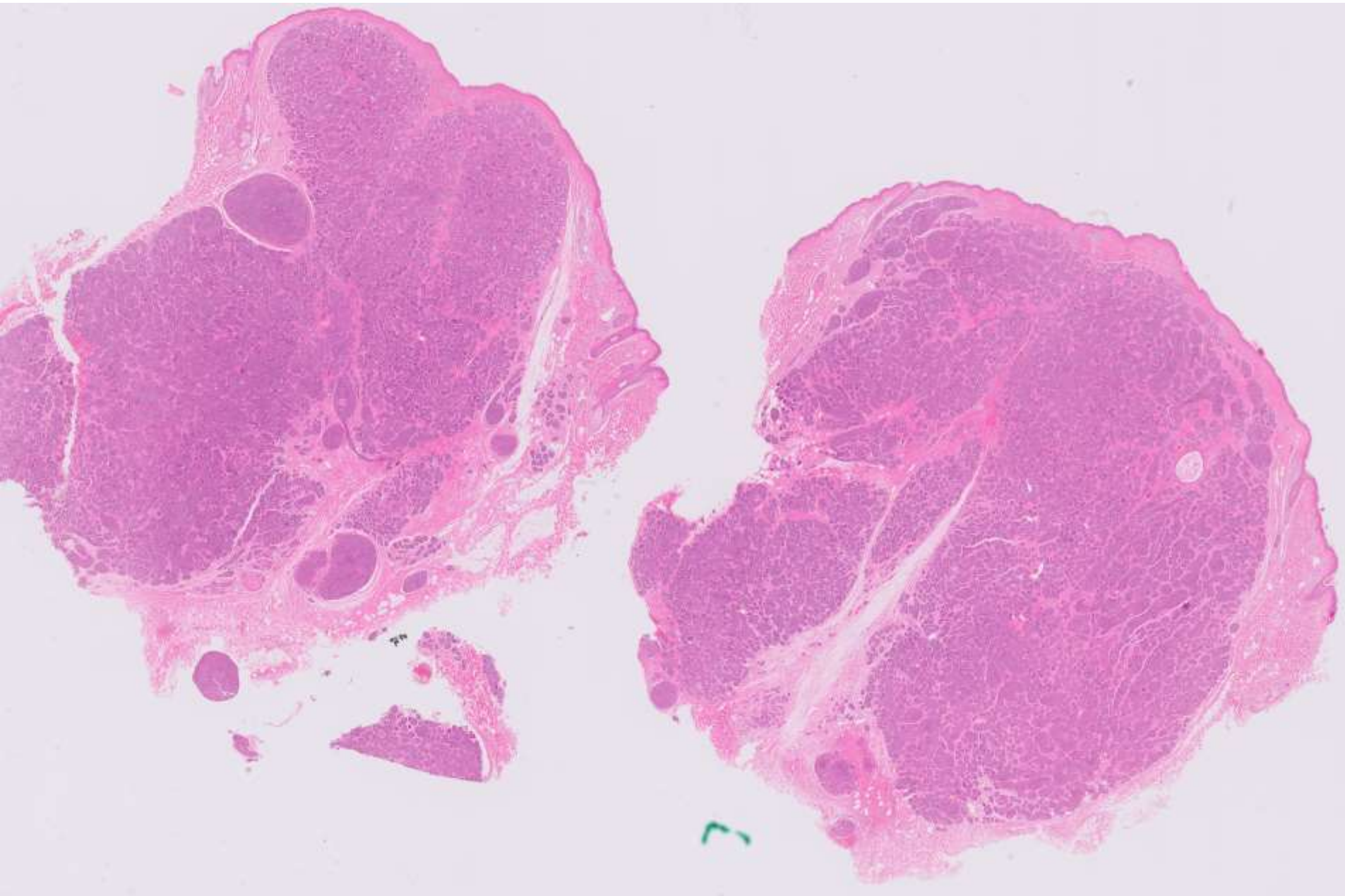
The skin surface bears a pale nodule 15 x 11x 6mm which extends to the closest resection margin.

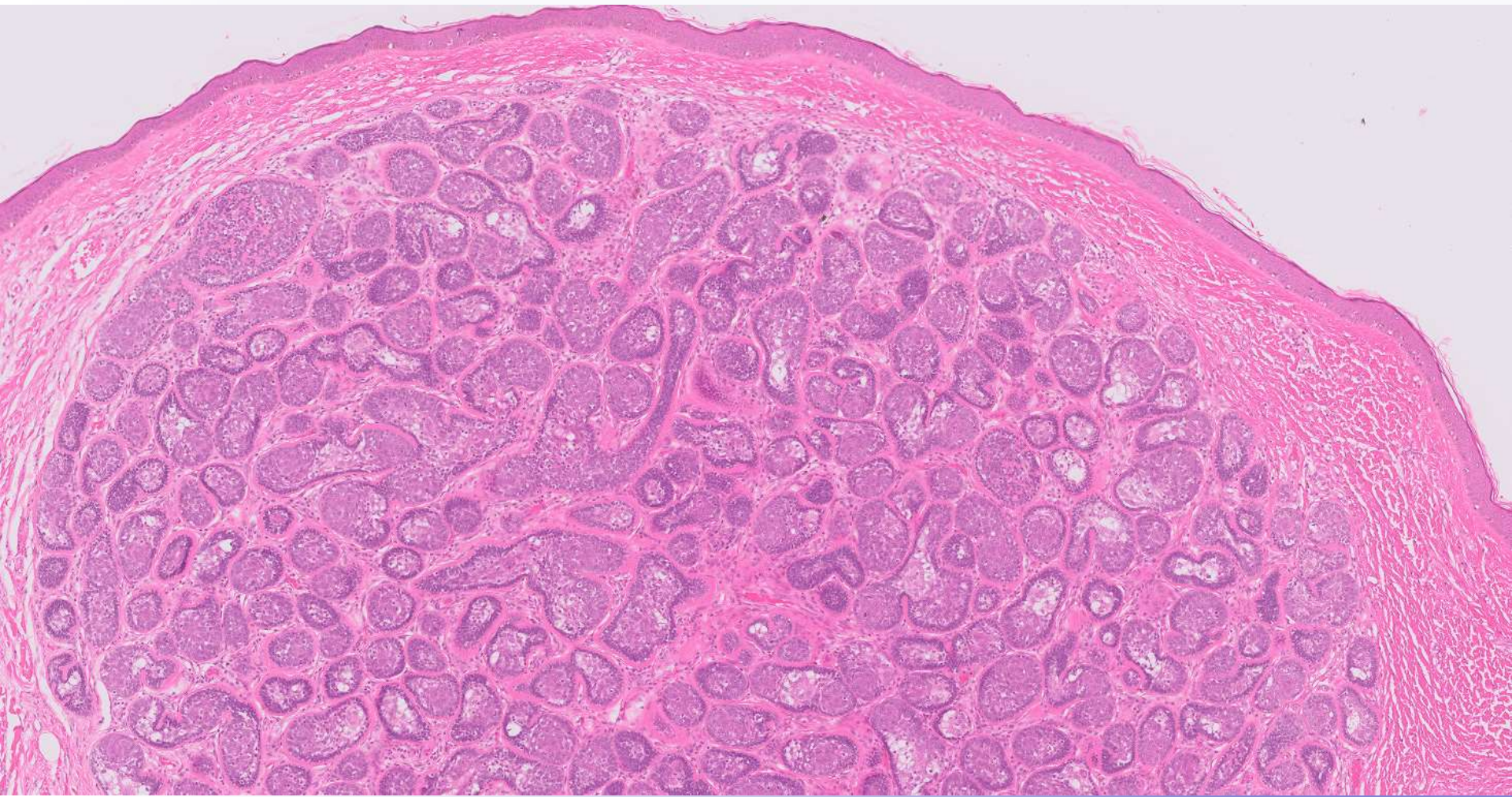
On sectioning there is a nodular lesion with a firm, cream-coloured cut surface which appears to extend to the deep margin.

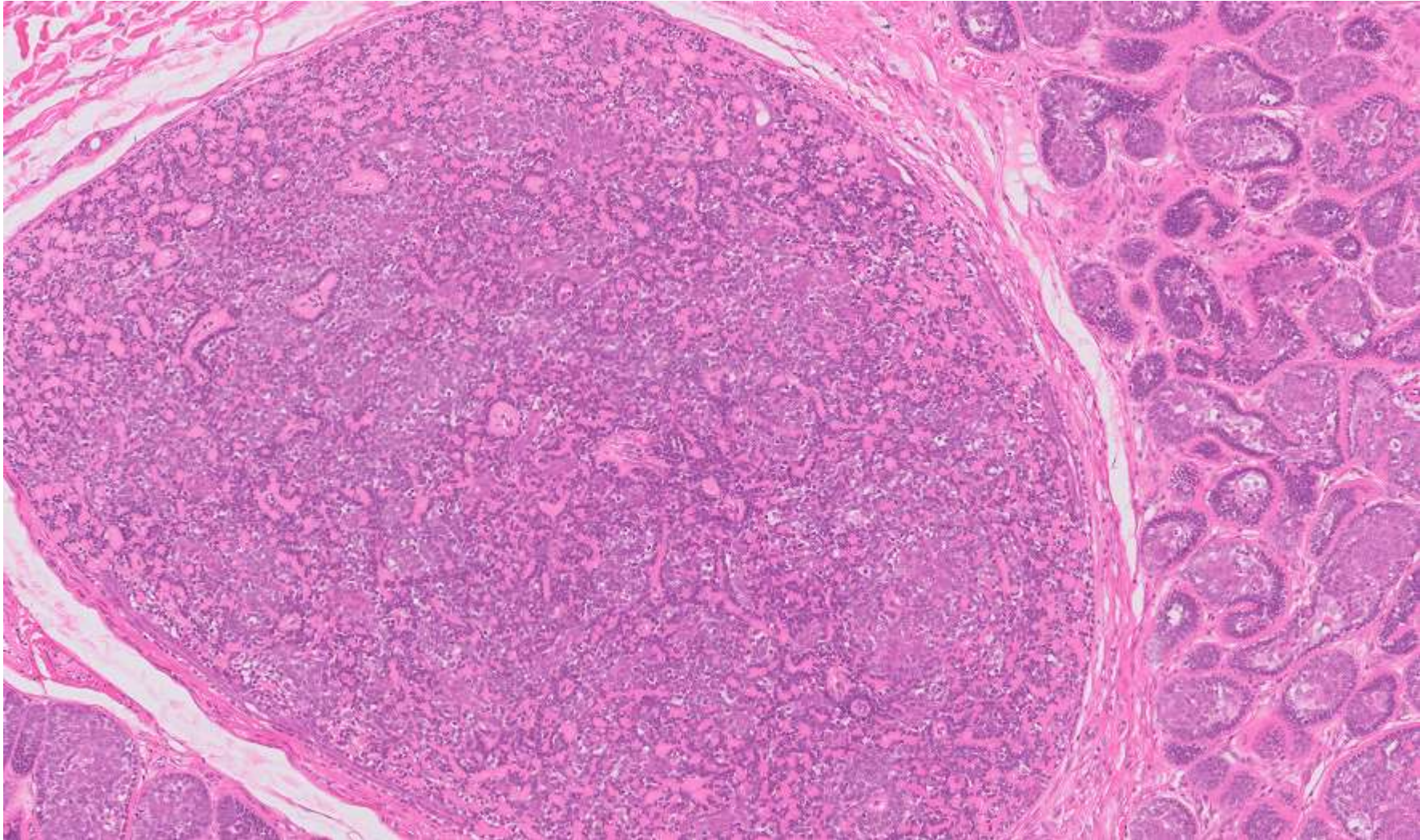
MICRO

Tumour lobules involve upper dermis with **no** connection to the epidermis.

- Lesion is composed of multiple lobules
- arranged in typical jigsaw patterns
- with each lobule with outer layer basement membrane,
- hyaline droplets maybe seen
- ductal differentiation can be seen
- there can be resemblance to spiradenoma







Diagnosis:

Dermal cylindroma

More common benign adnexal tumour

Proposed to be derived from hair follicle bulge

Rather than sweat glands

Usually head, neck scalp, slow growing, can be

Painful, marked female predominance,

Familial cases associated with multiple lesions

This presentation was not adherent to salivary gland tissue

Unusual presentations can include the development of *membranous-type basal cell adenoma* of the parotid which is morphologically and pathogenetically related to dermal cylindroma – and malignant transformation of both dermal cylindroma and salivary gland tumours.

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Case B

F: 56 years, perianal biopsy.

Perianal pain, some incontinence of faeces.

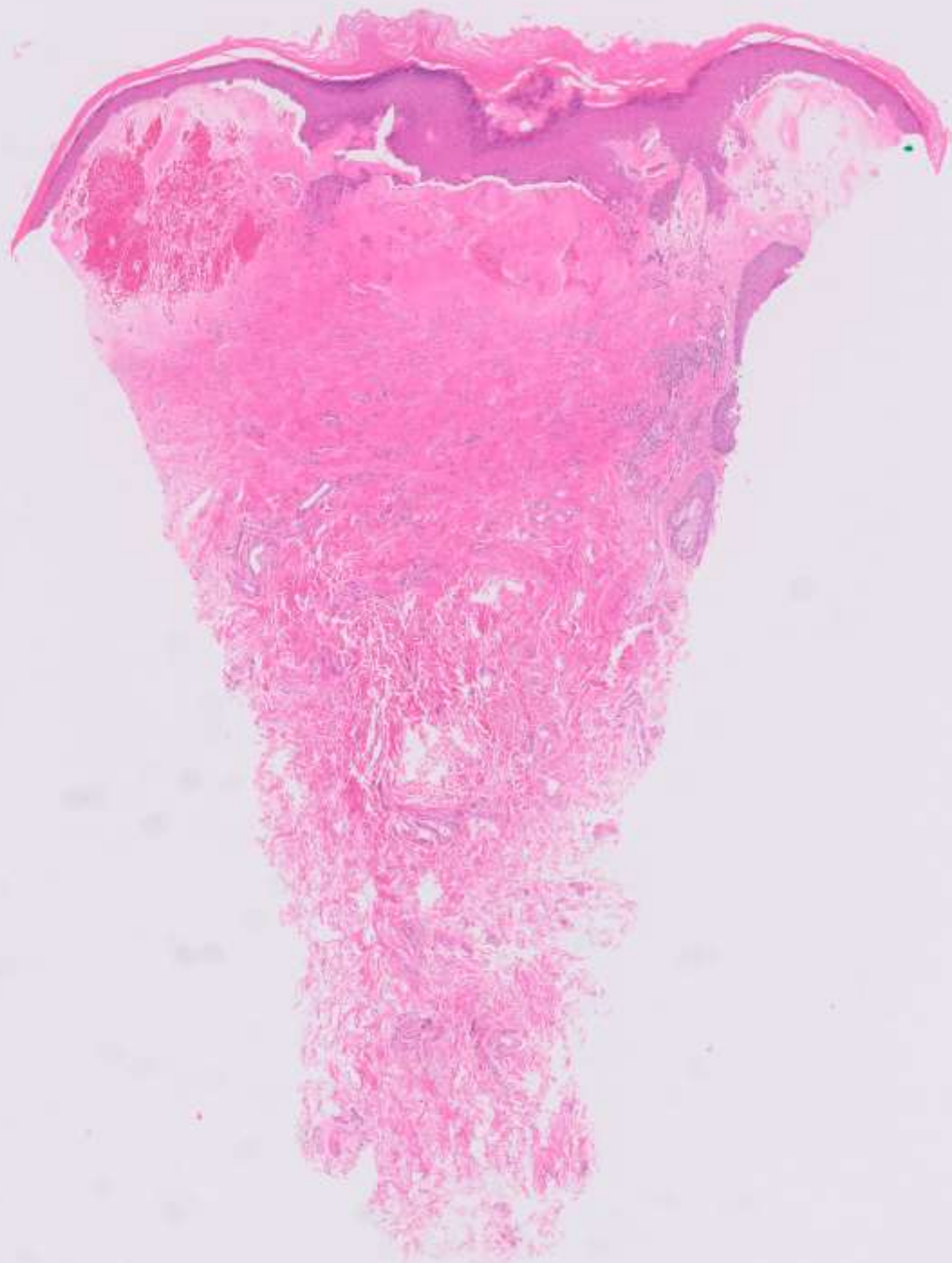
EUA + quadrant biopsies of perianal skin.

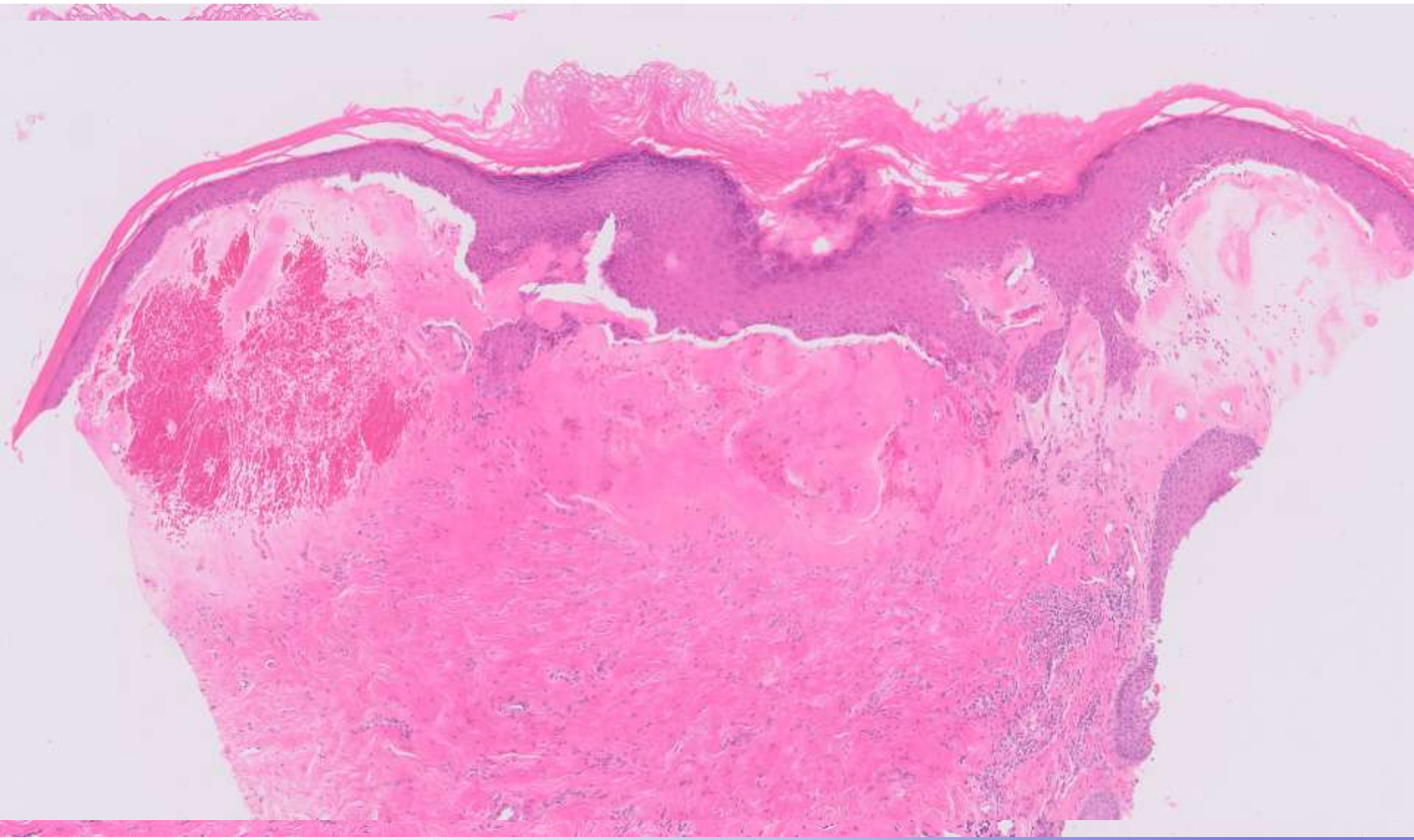
MACRO

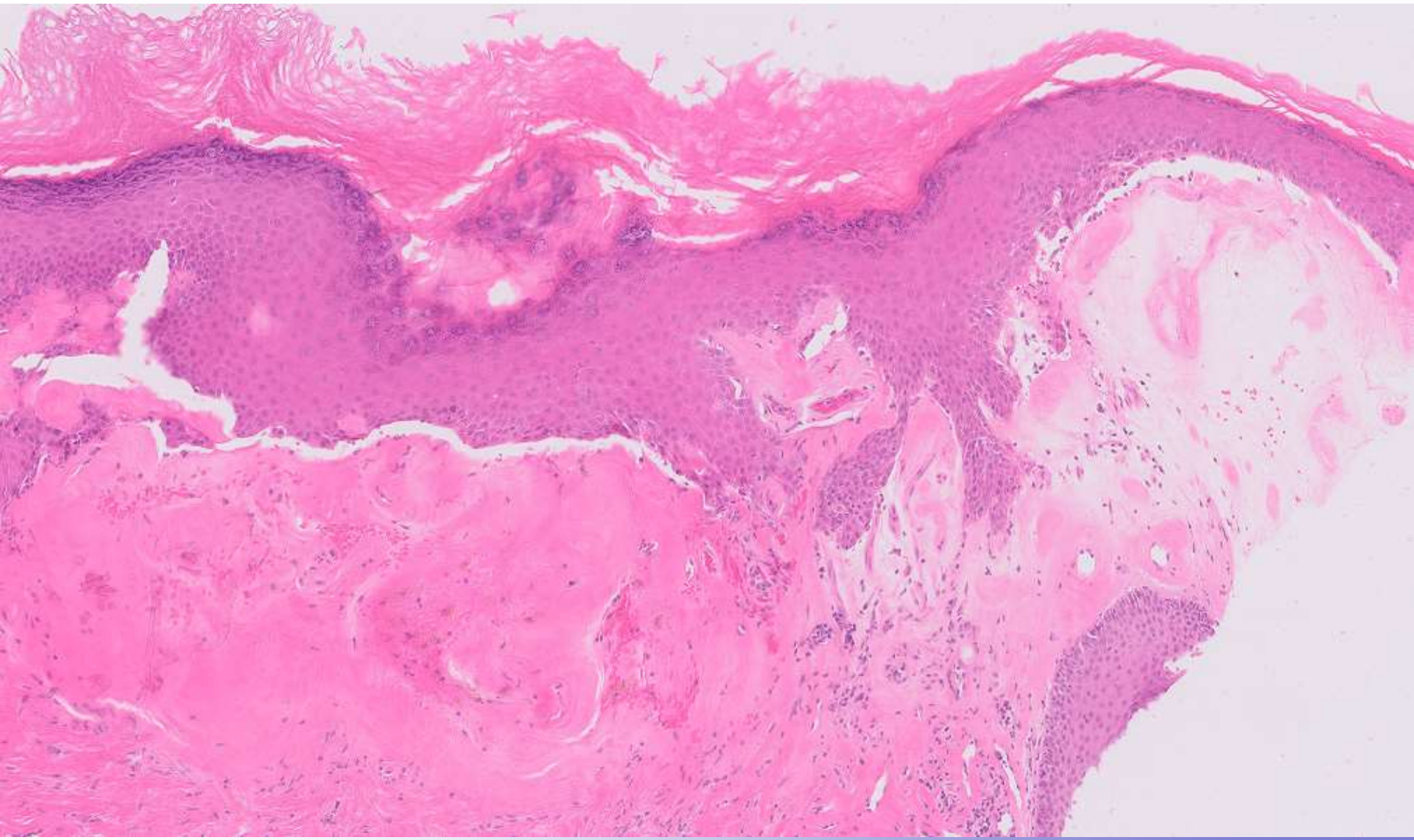
A punch biopsy of skin 3mm overlying tissue up to 5mm.

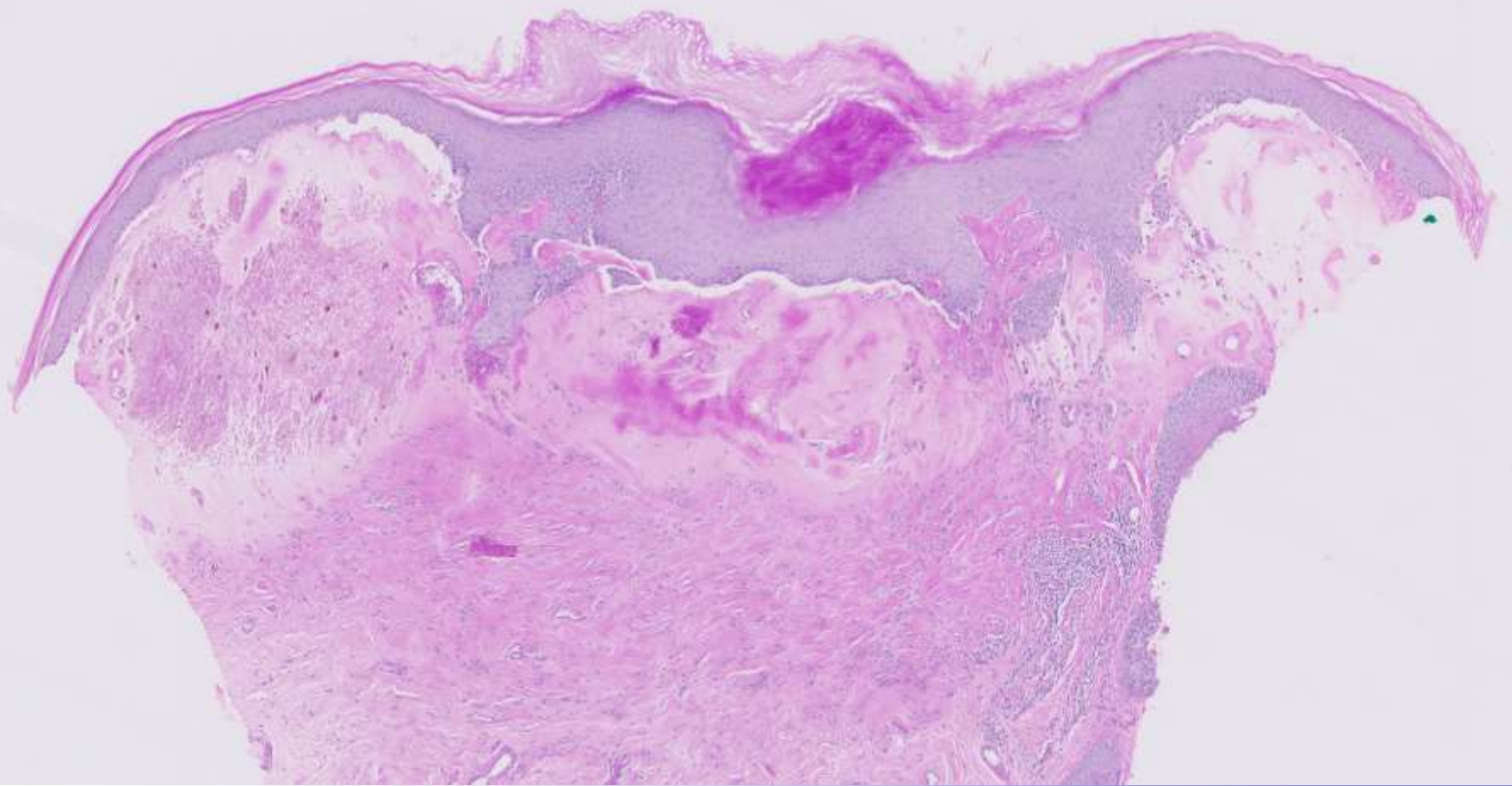
MICRO

- benign epidermis with hyperkeratosis.
 - hyalinisation of the papillary dermis with pronounced and dense hyalinisation
 - variable dense lichenoid infiltrate
 - focal detachment of the epidermis from the underlying dermal tissue.
 - Special stains for fungus are negative.
-
- The morphological features are of a lichenoid tissue reaction









Diagnosis:

Lichen sclerosis

- The morphological features are of a lichenoid tissue reaction
- Provided a drug related aetiology can be excluded
- the features are supportive of lichen sclerosis

Lichen sclerosus

Lymphocyte mediated dermatosis of unknown etiology

More common in females (10:1)

Can arise pre-pubertal and post menopausal

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Case C

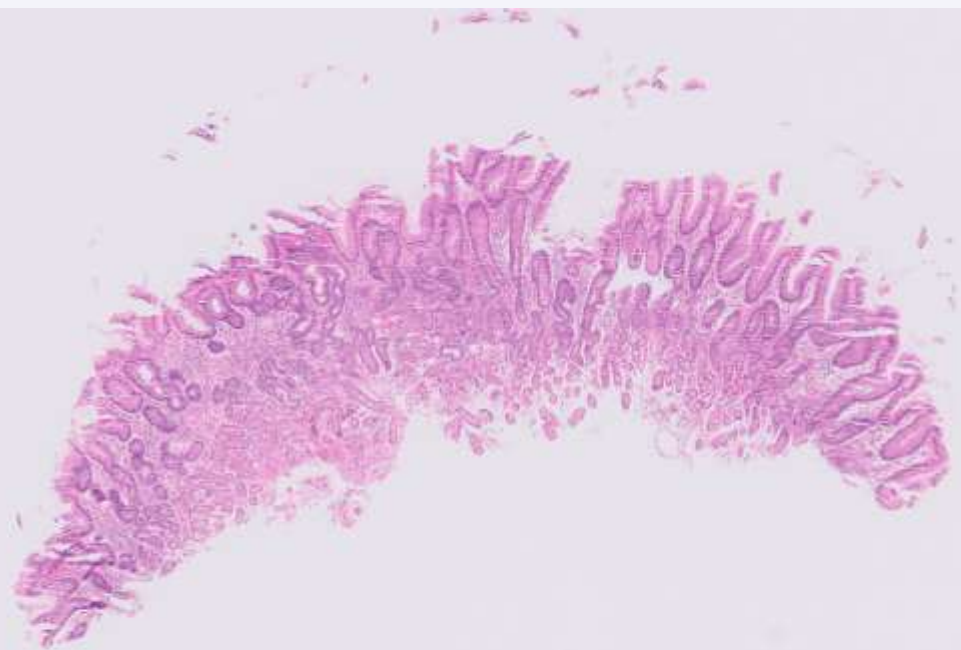
M: 74 years, upper GI endoscopy.

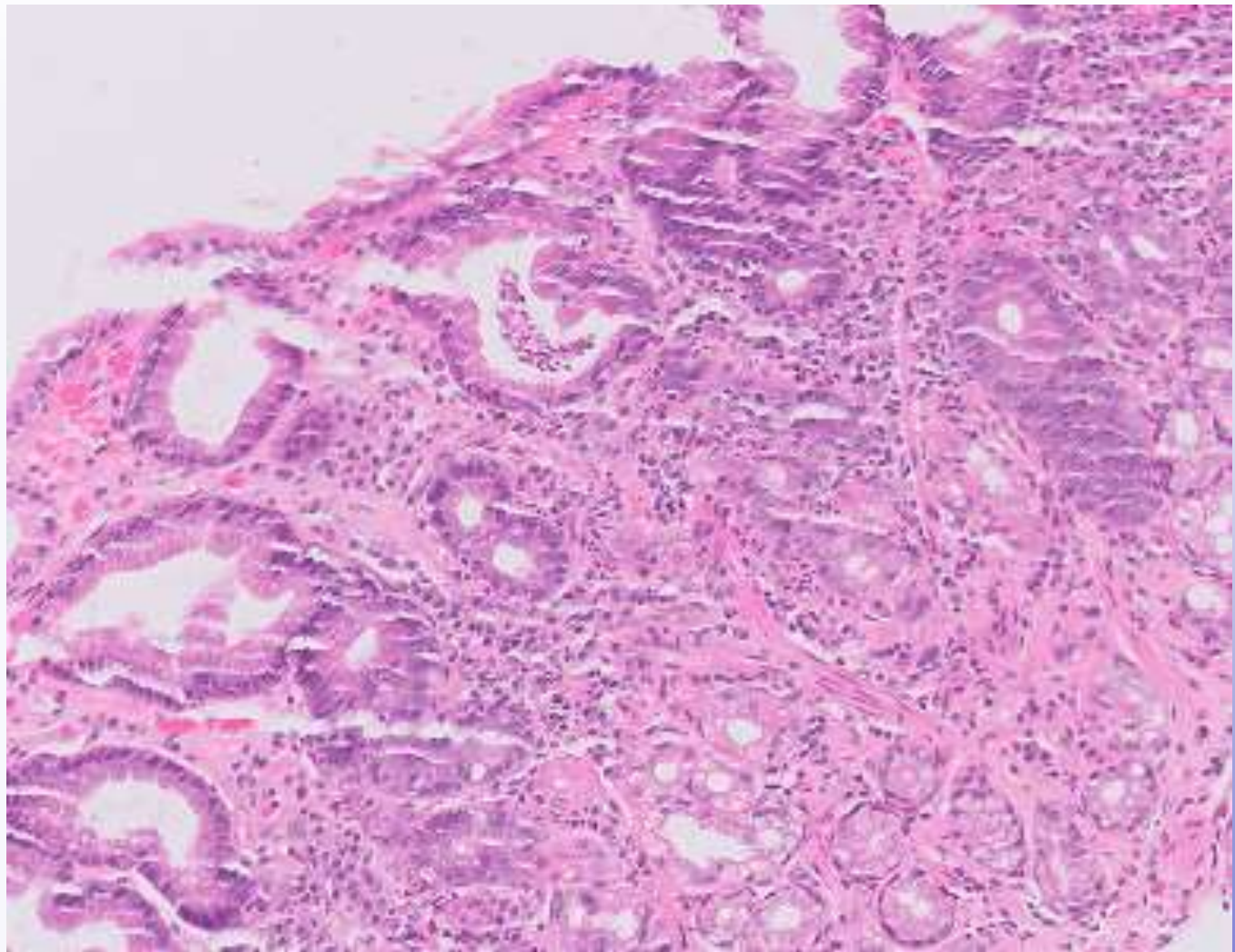
Anaemia.

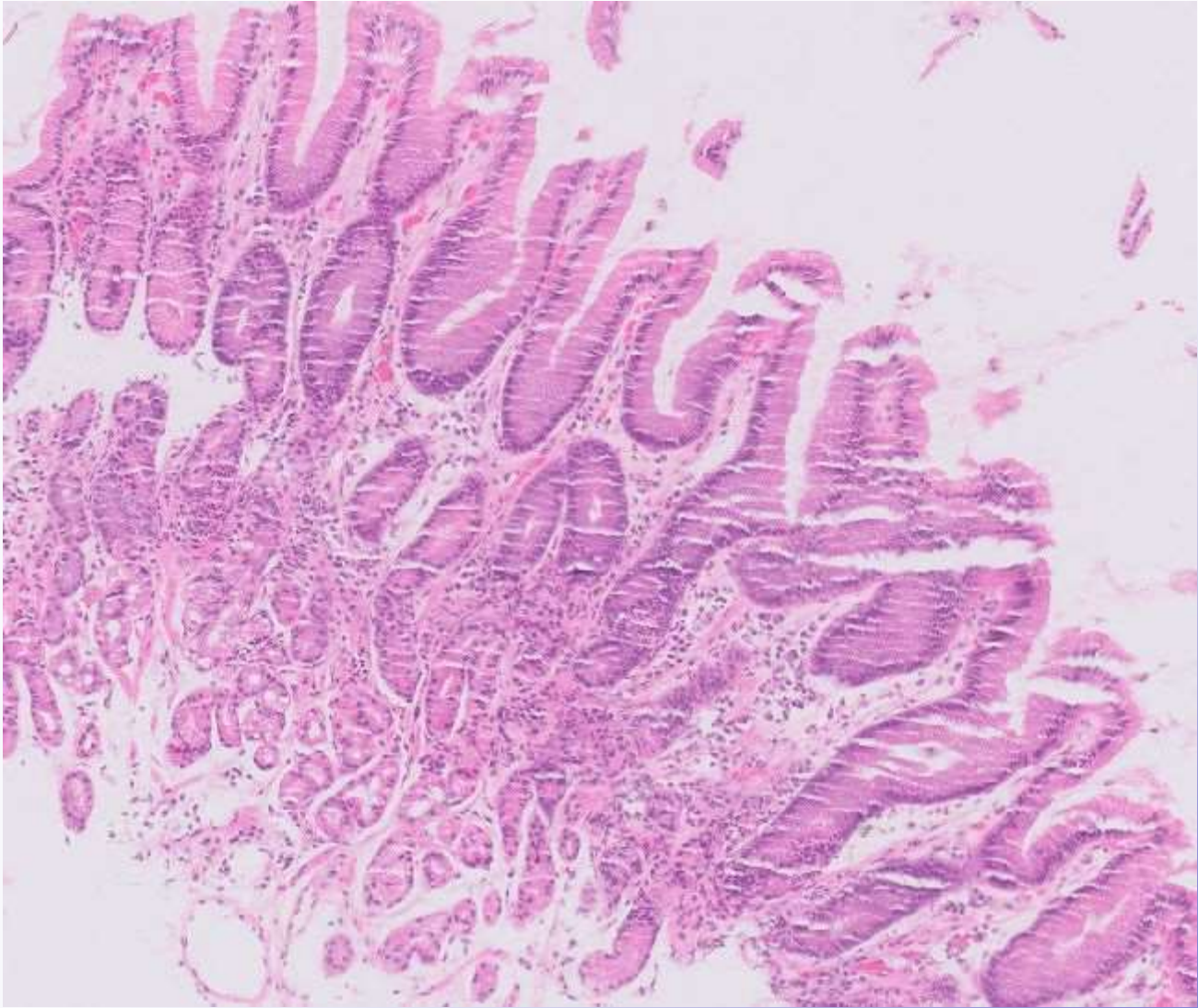
The whole upper gastrointestinal tract was normal.

MACRO

Two fragments



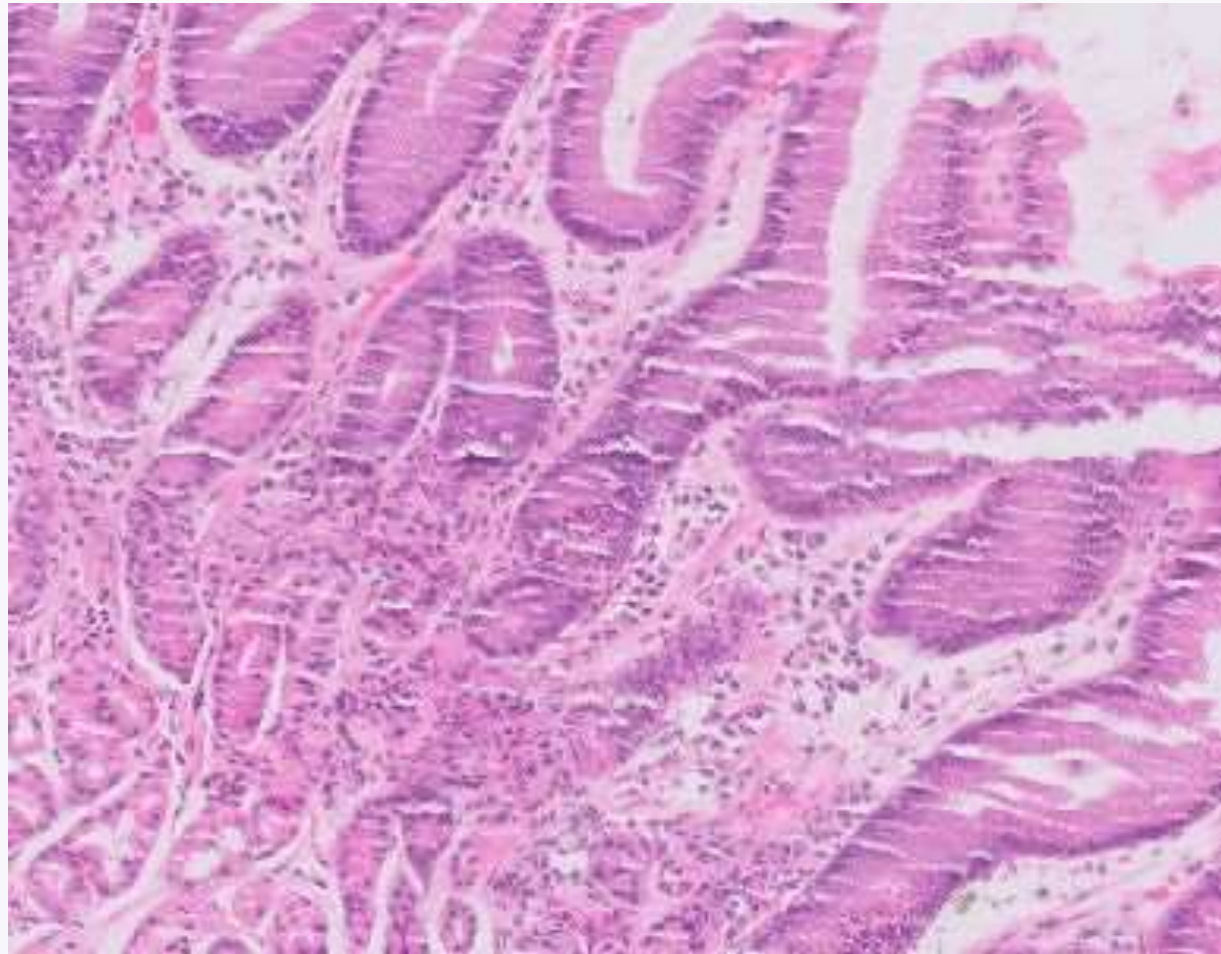




MICRO

- Biopsies of antral type gastric mucosa
- Involved by moderate active chronic gastritis
- Numerous H.pylori organisms are identified.
- No evidence of intestinal metaplasia, dysplasia or invasive malignancy.





Diagnosis:

Moderate active chronic gastritis associated with numerous *Helicobacter pylori* organisms

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Case D

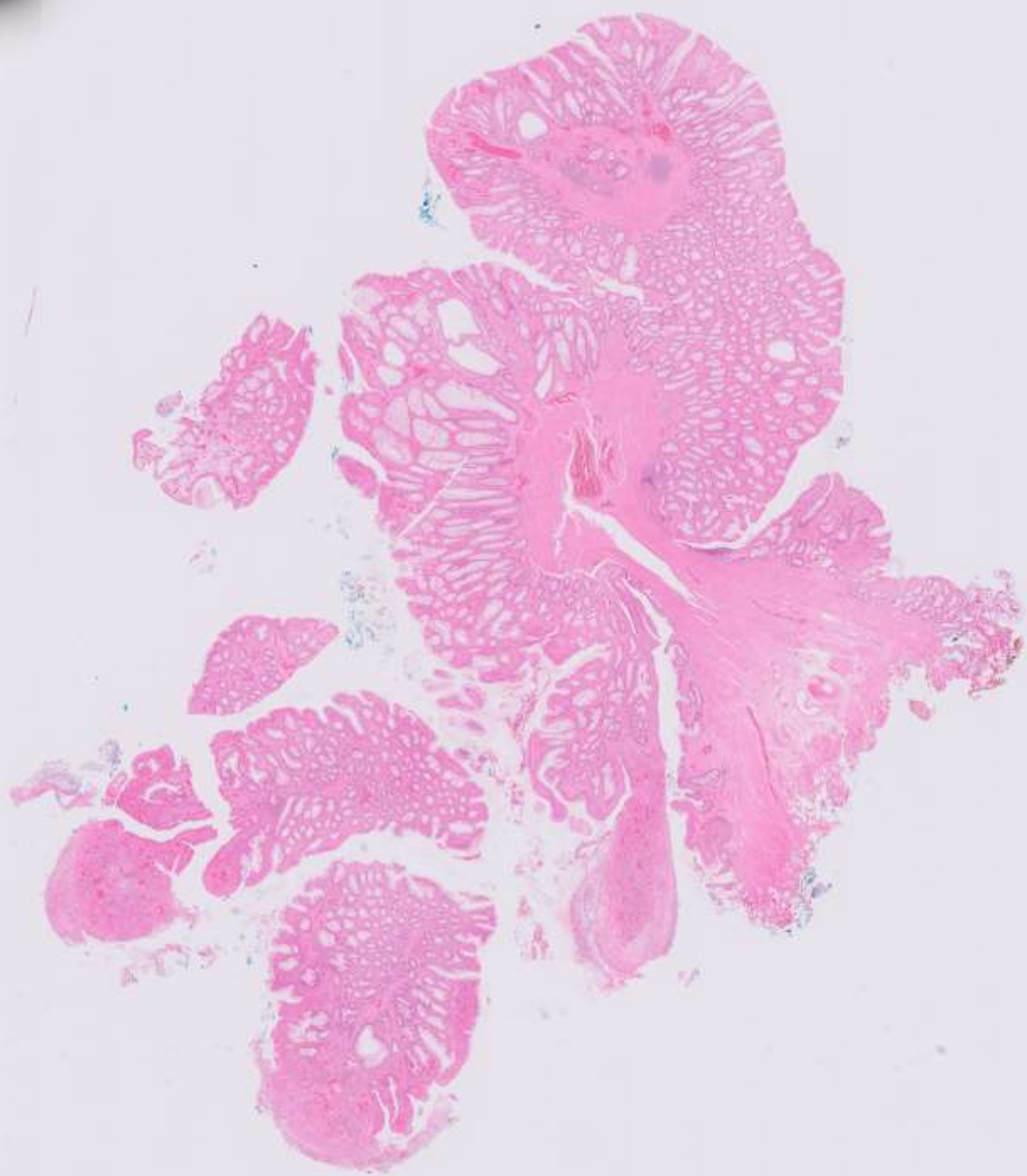
D. F:39 years, rectal EMR. Low rectal polyp

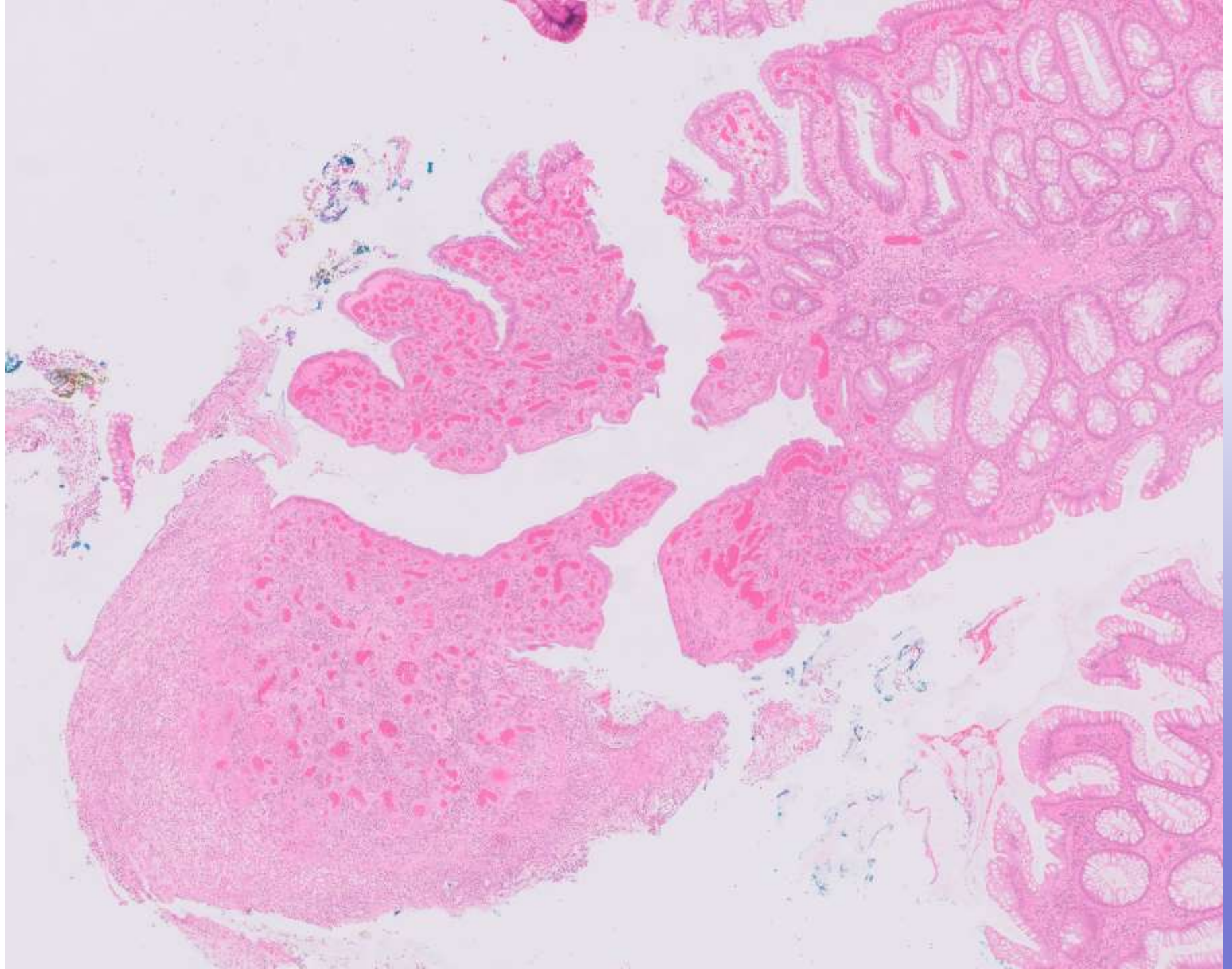
MACRO

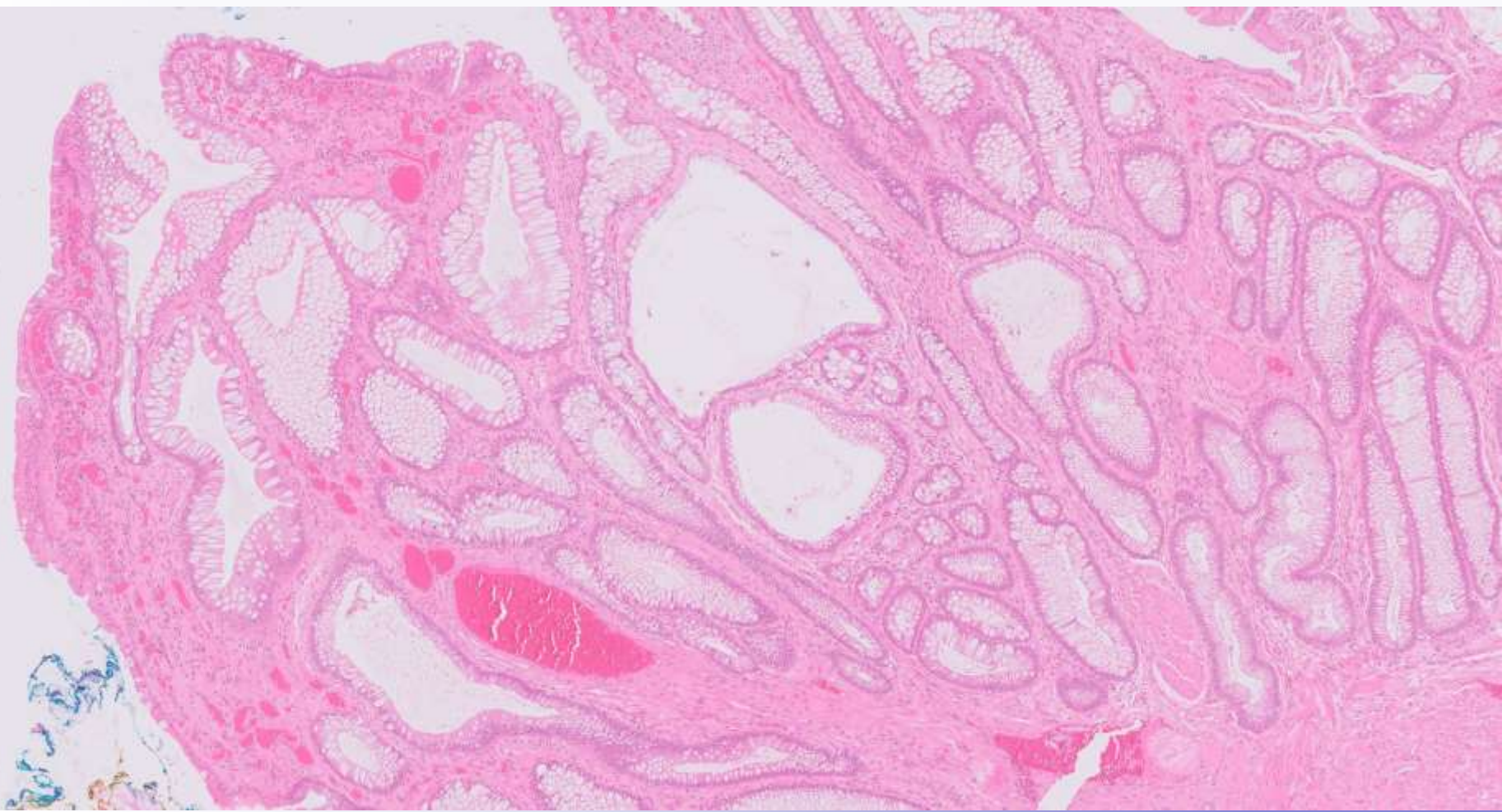
Complex polypoid piece of mucosal tissue 20 x 20 x 10mm with branching of the mucosa and including a broad surgical resection side on one aspect (inked blue) that measures 18 x 9mm.

The broad based resection site includes part of a stalk edge.

Entirety of tissue processed in 4 paraffin blocks.







MICRO

- polypoid mucosa with irregular frondose mucosal projections.
- mucosal thickening with elongation, dilatation & tortuosity of glands
- muscle fibres and fibrous tissue in between glands.

There is focal surface ulceration with prominent granulation tissue formation of the lamina propria.

Diagnosis:

Mucosal prolapse - 'inflammatory cloacogenic polyp'

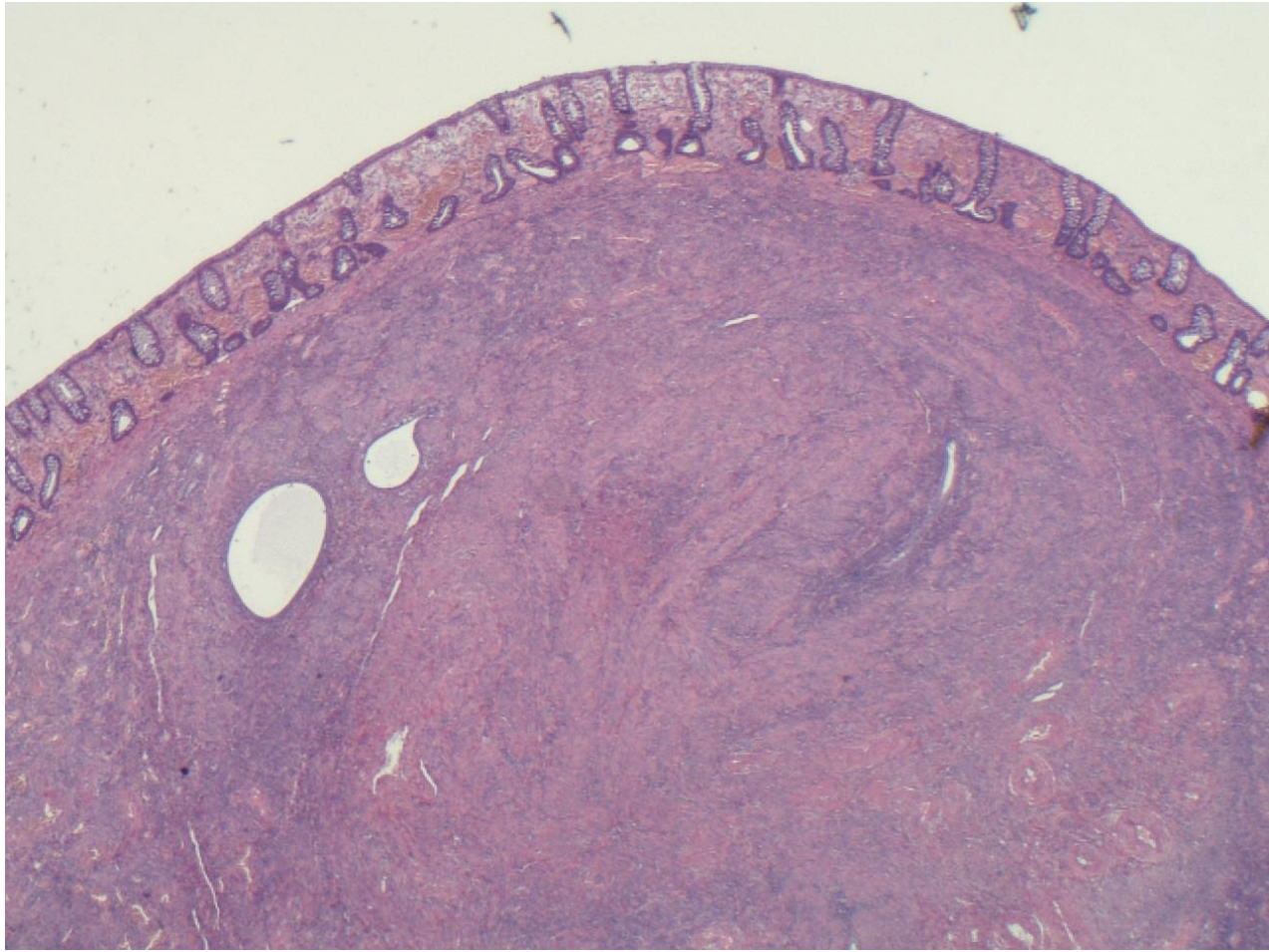
Circulation 51

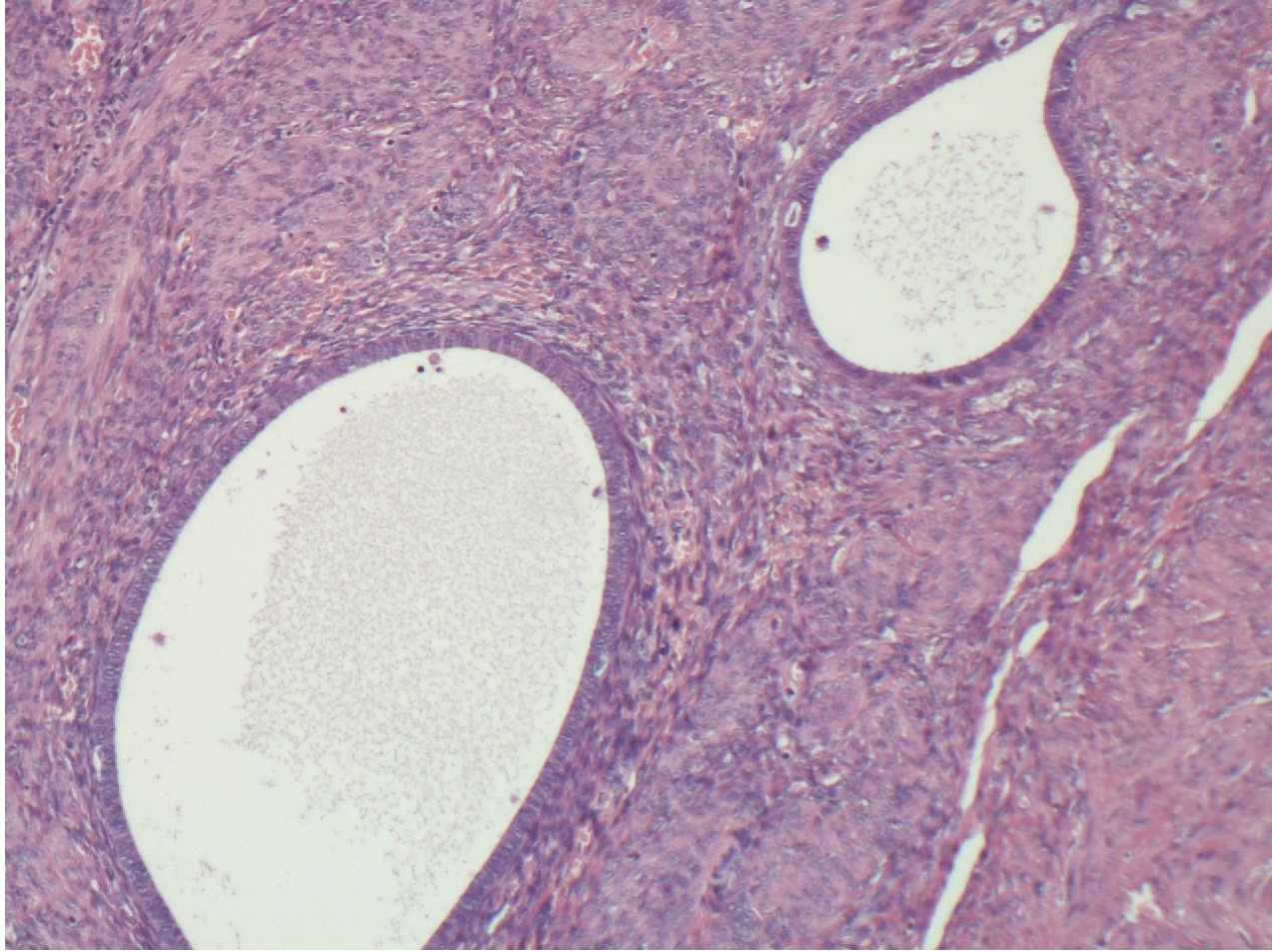
Cases E-J

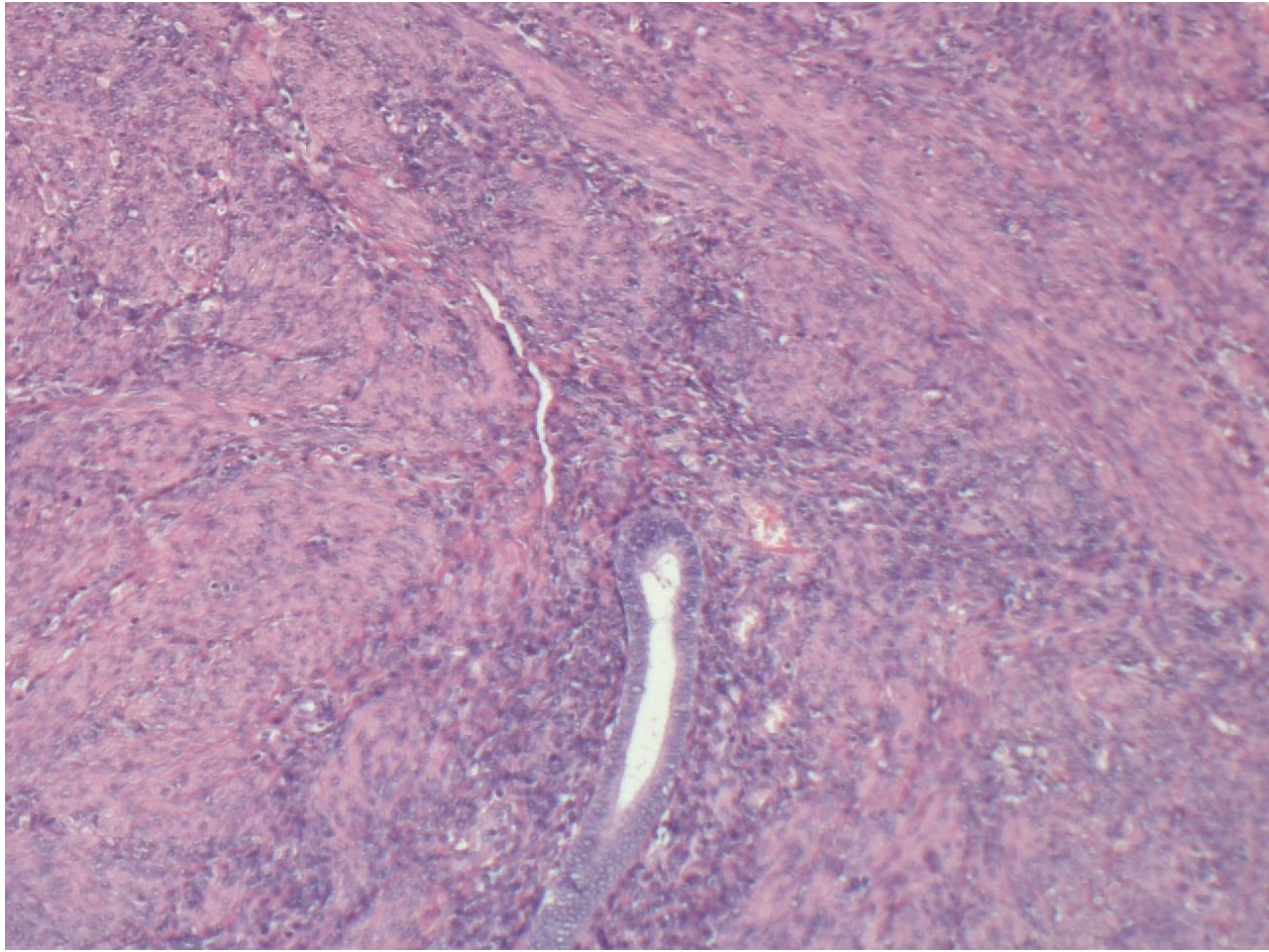
Presented by Dr T Doig
WGH, Edinburgh

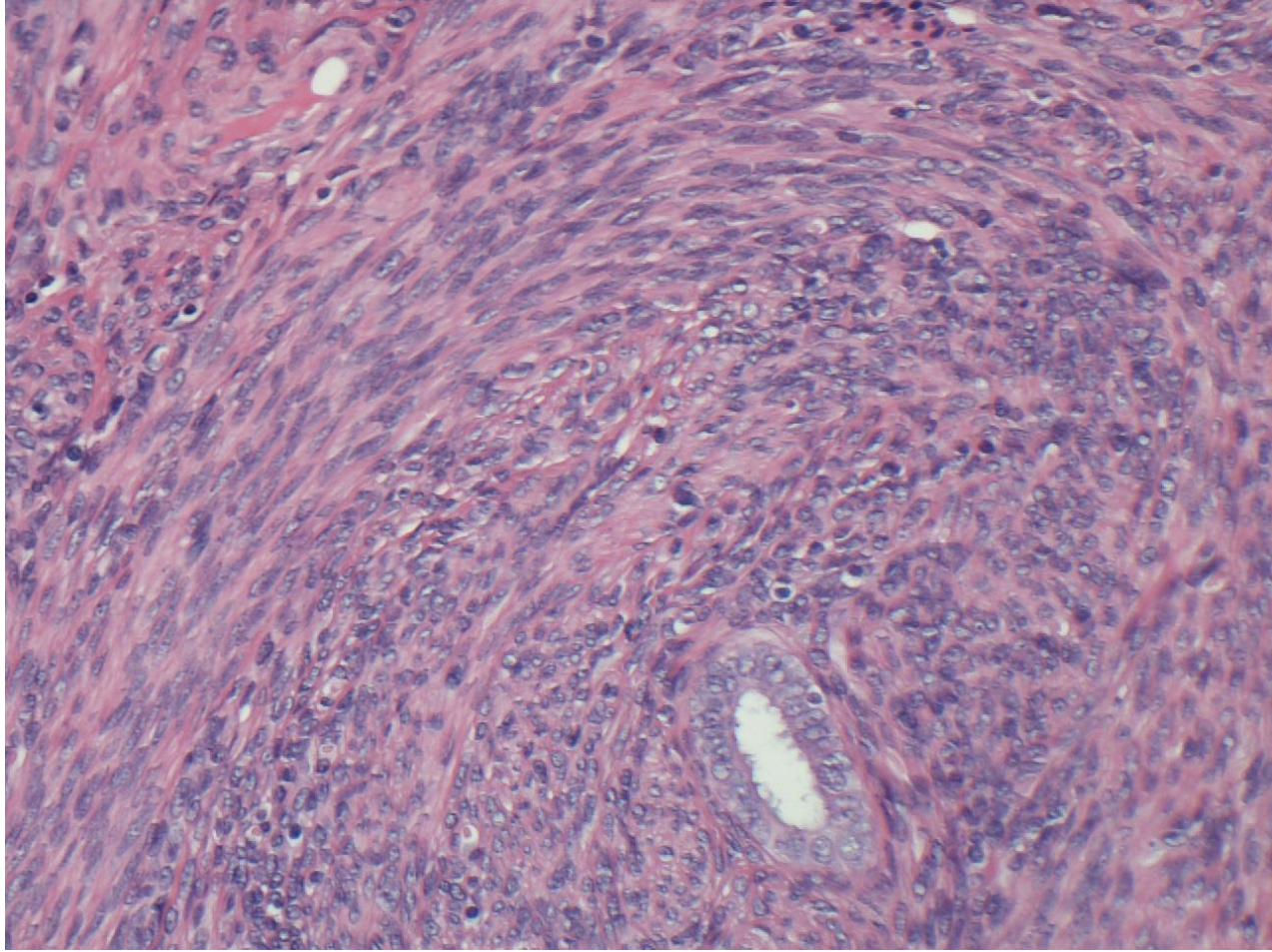
Case E

- 57 year old female. Altered bowel habit and weight loss.
- One 3mm pedunculated polyp from sigmoid colon.









- Endometriosis

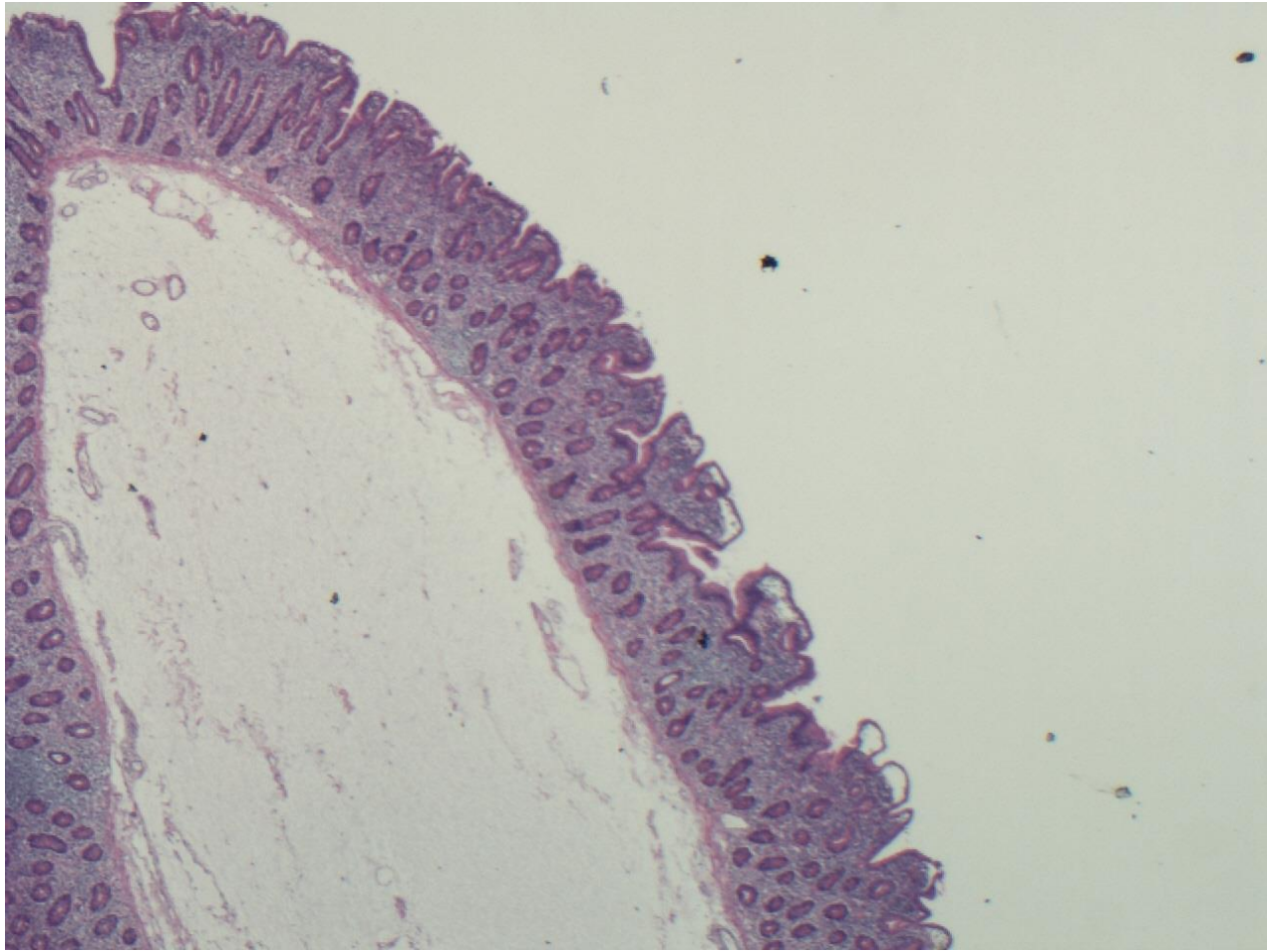
Diagnoses

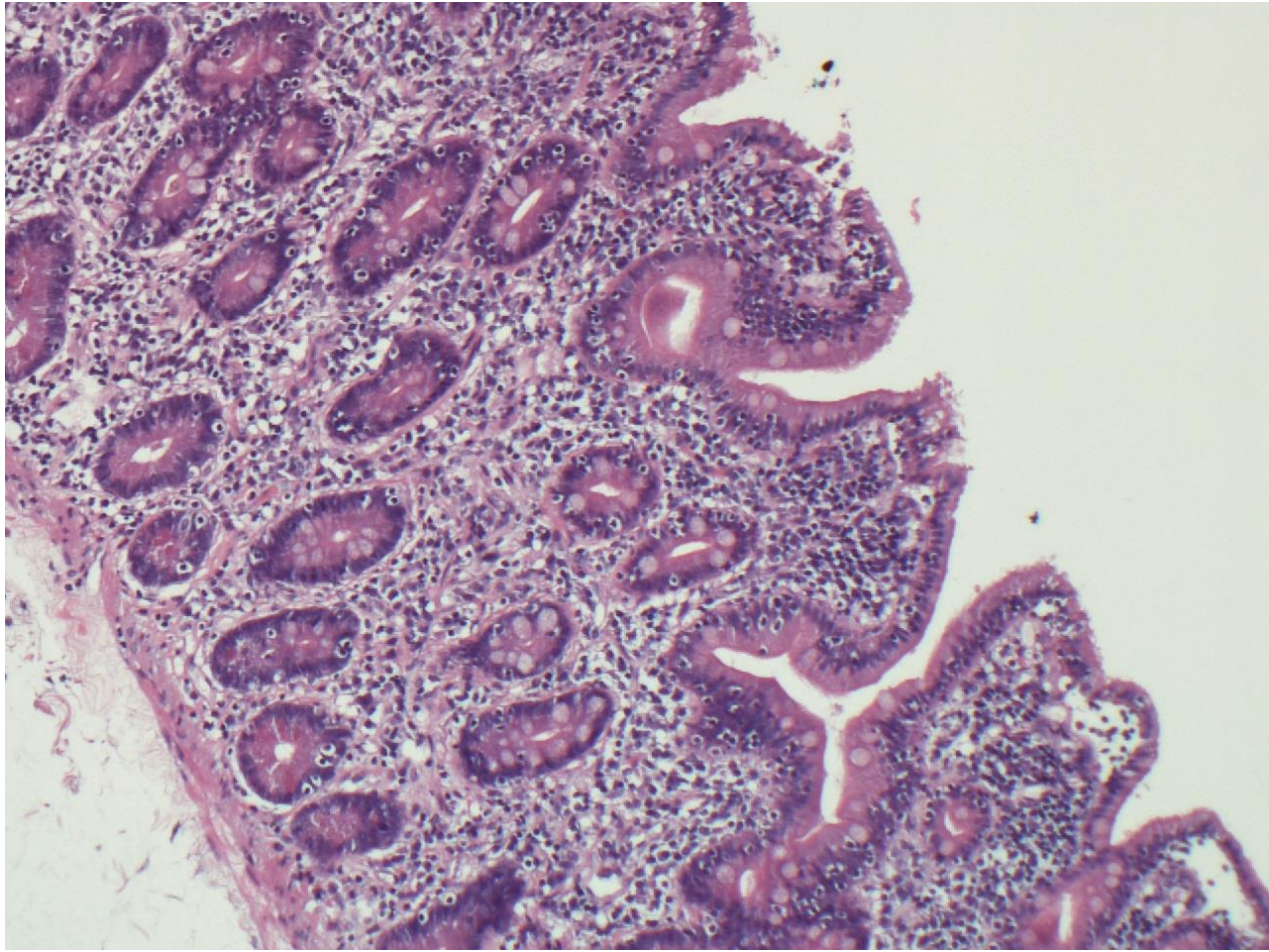
- **Score 1:** Endometriosis (some comments on smooth muscle prominence and suggestions for IHC). (n=92)
- **Score 2:**
 - Leiomyoma (do CD117/DOG to exclude GIST)
 - looks like leiomyoma of muscularis mucosae with entrapped bland glands, ?endometriosis/endosalpingiosis within.
 - Leiomyoma of muscularis mucosae
 - Submucosal leiomyoma
 - Leiomyoma
- extrauterine adenomyoma (IHC to show smooth muscle positive for SMA/desmin and CD10 for endometrial glands)
- adenomyomatous polyp (glands are endometrial type) of the rectum. In some instances this is referred to as a 'uterus-like mass'
- Extrauterine adenomyoma x2
- adenomyoma.
- Adenomyosis
- Angiolyomyoma
- Angiolyomyoma (?entrapped endometrial type glands)
- Inflammatory myoglandular polyp,
- Favour ectopic ovary, check CD10 to exclude endometrial stroma as this is also in differential, .
- Benign spindle cell proliferation - morphologically looks like leiomyoma, but also contains benign glands which look endometrioid therefore adenomyoma also considered
- **Score 3:**
 - Spindle cell lesion GIST vs Leiomyoma, favour GIST on morphology
 - GIST

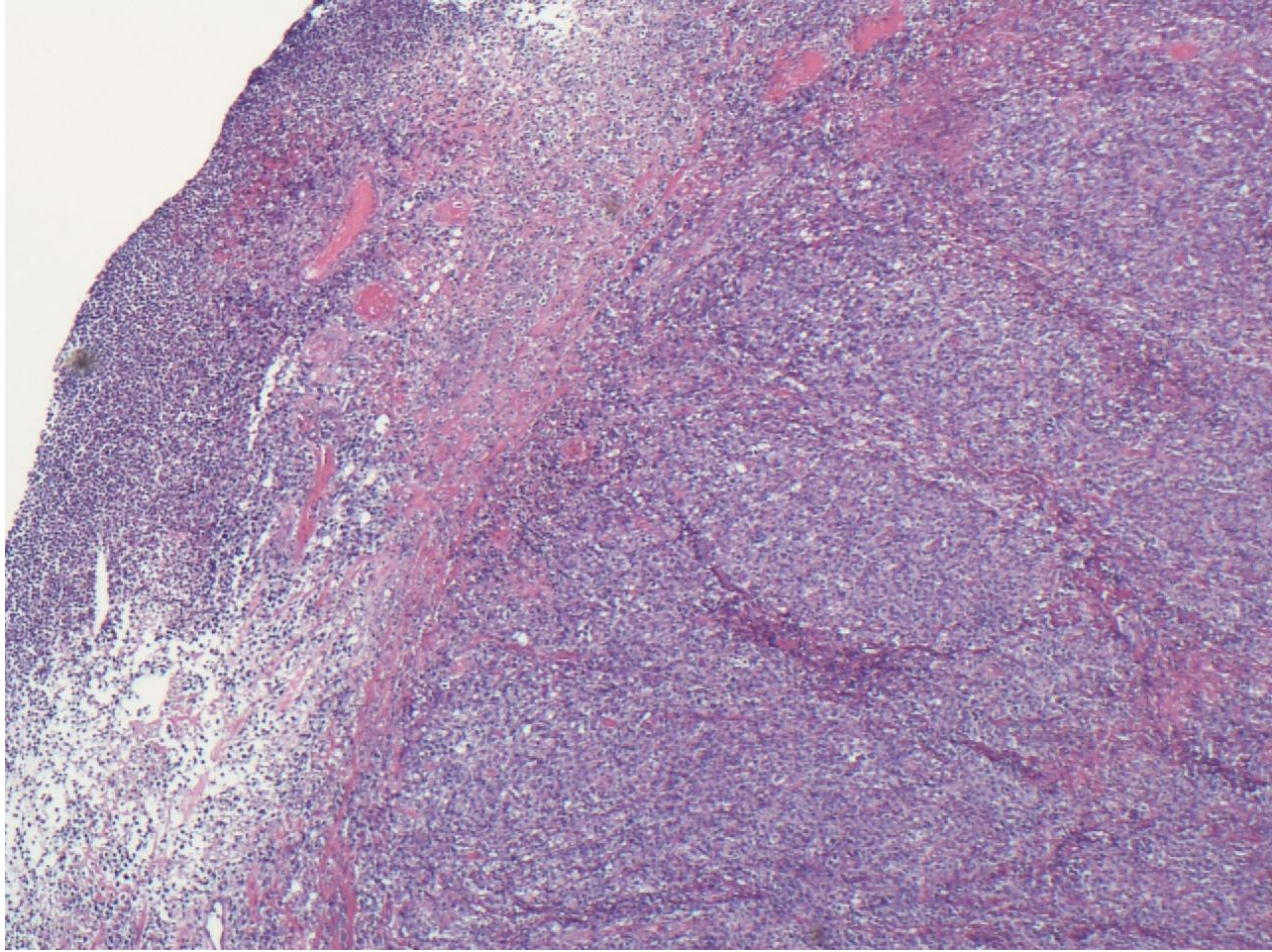
Case F

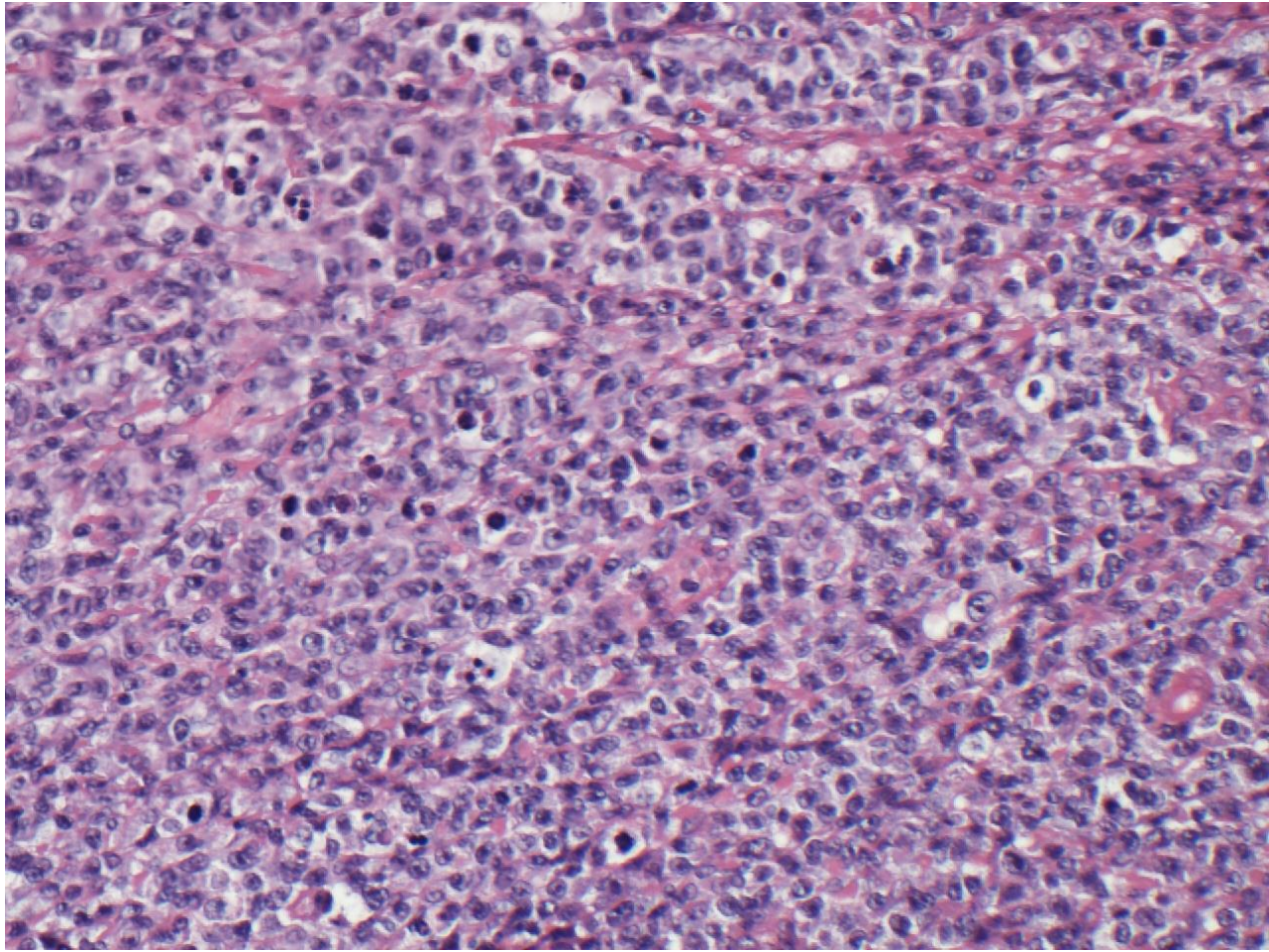
- 77 year old male. Alcoholic cirrhosis. Previous cyctectomy and ileal conduit for bladder cancer. Small bowel obstruction, ?lymphoma.
- Small bowel resection

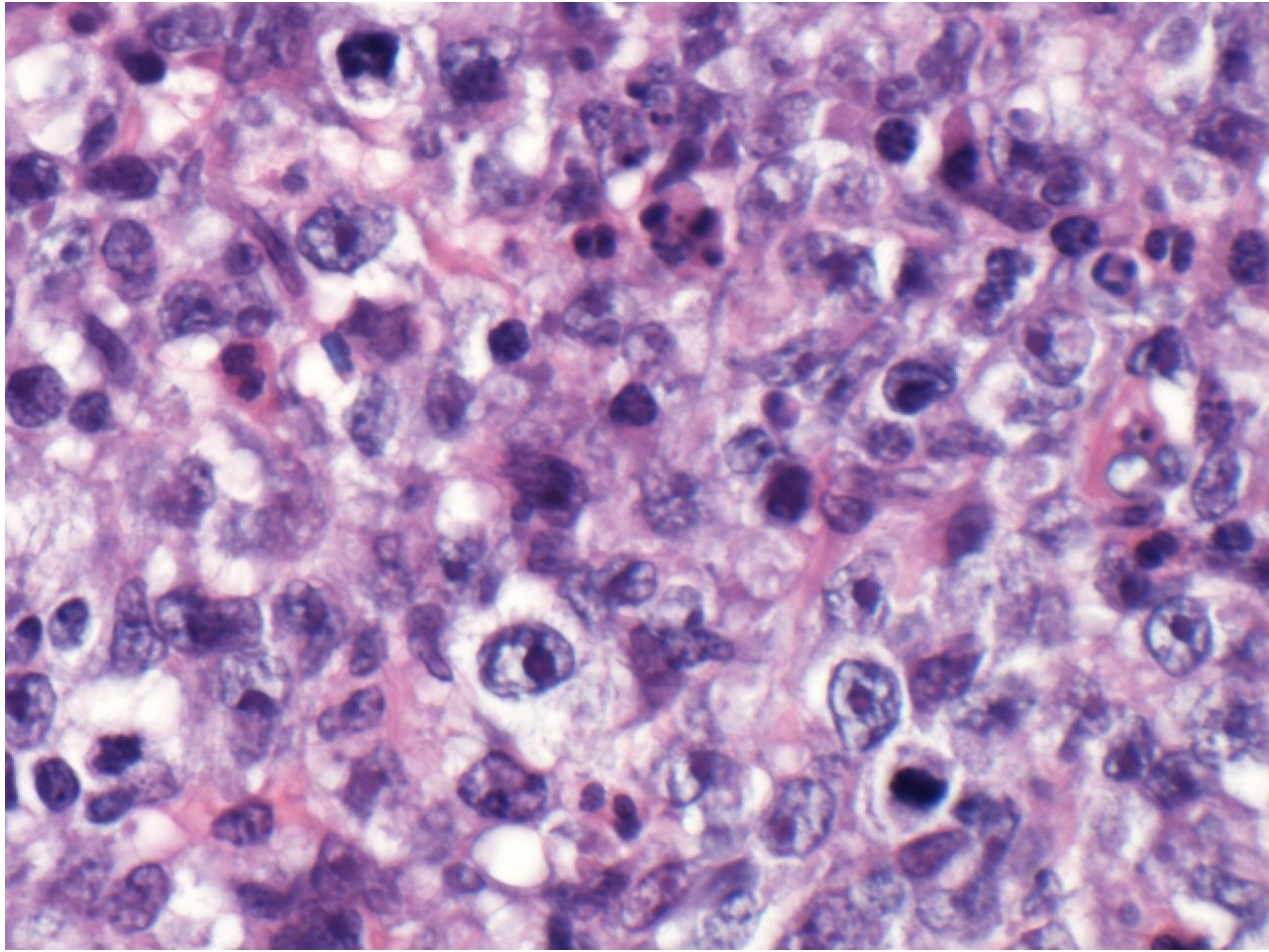


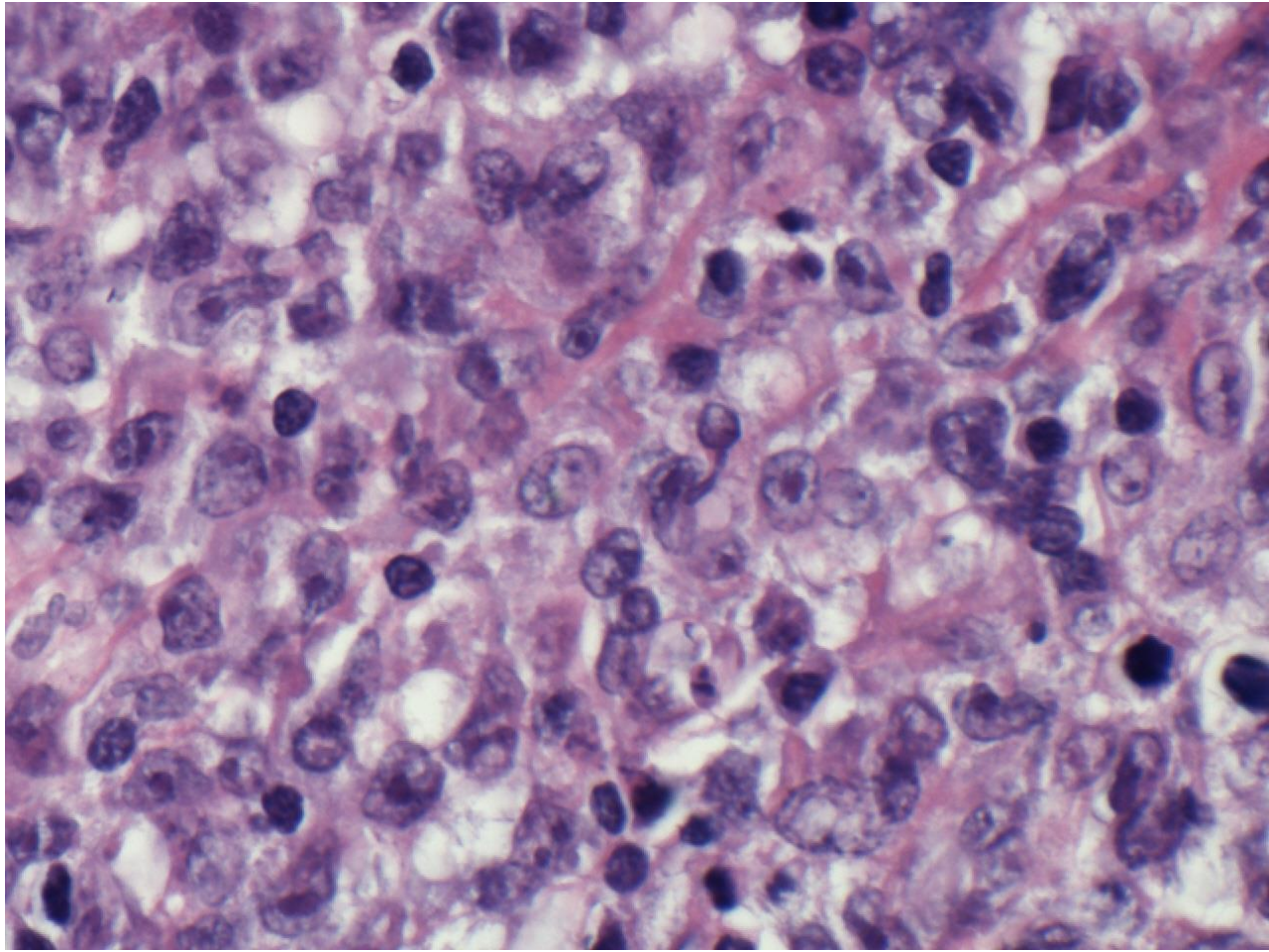












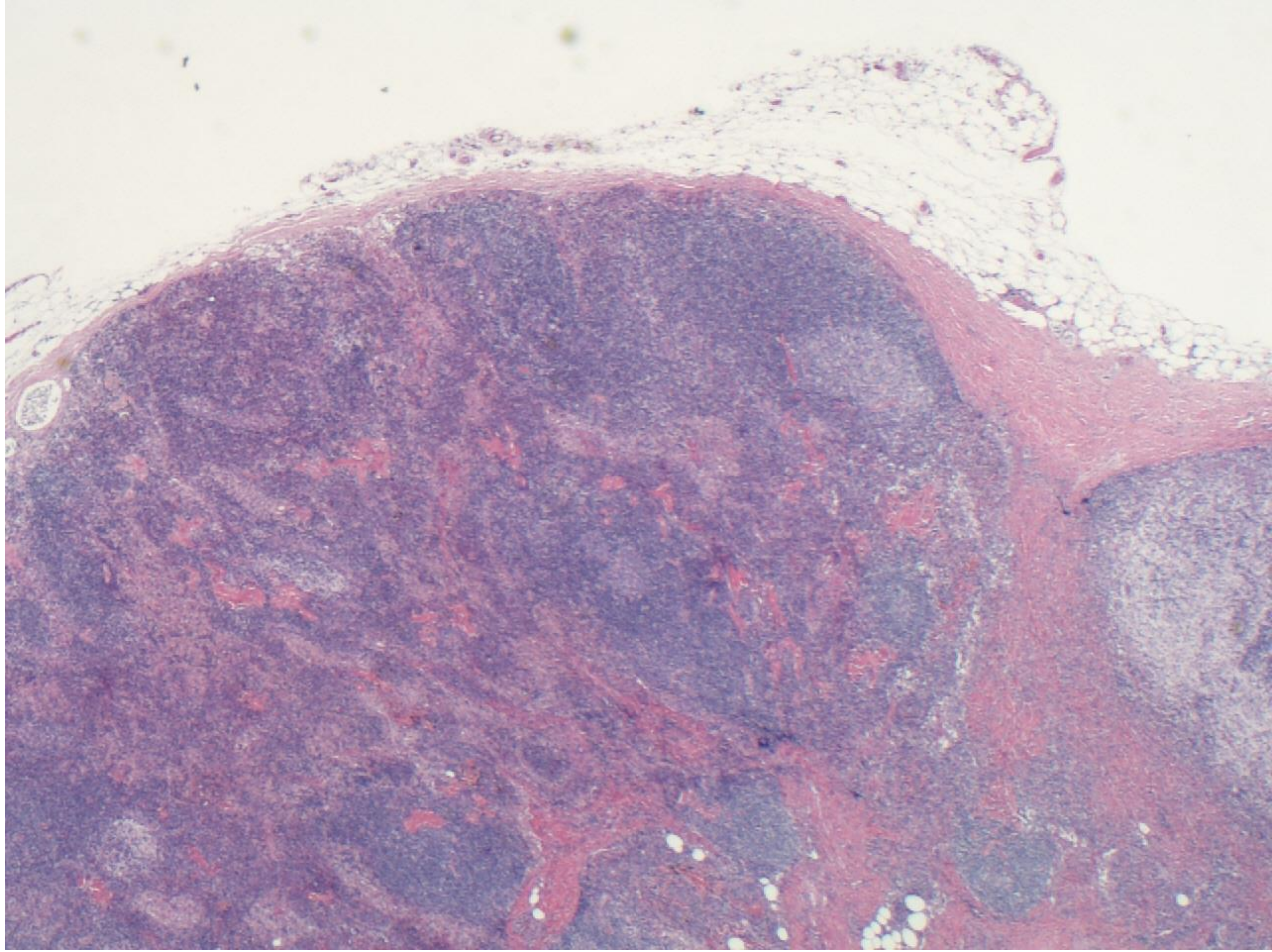
- Enteropathy associated T cell lymphoma

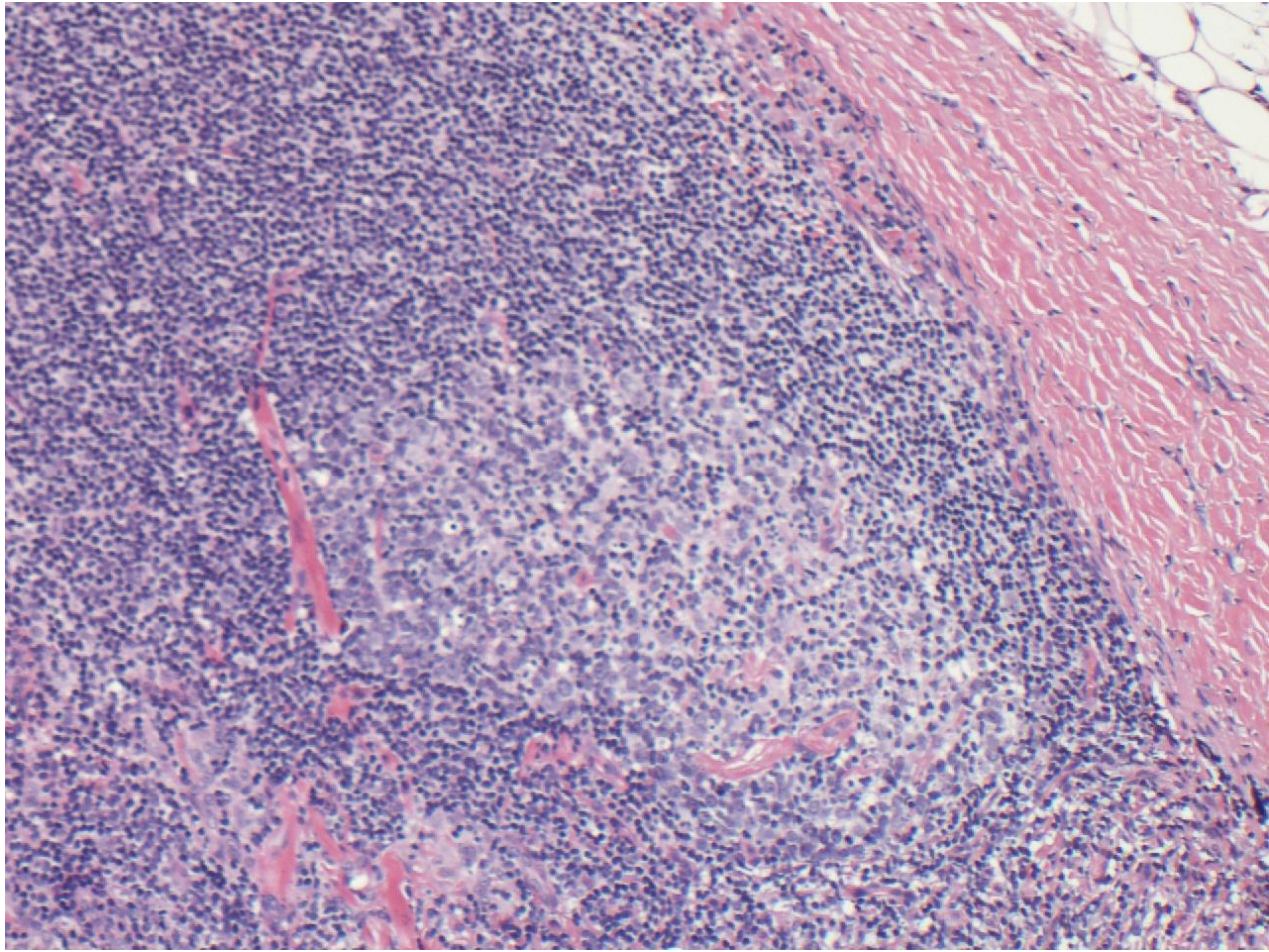
Diagnoses

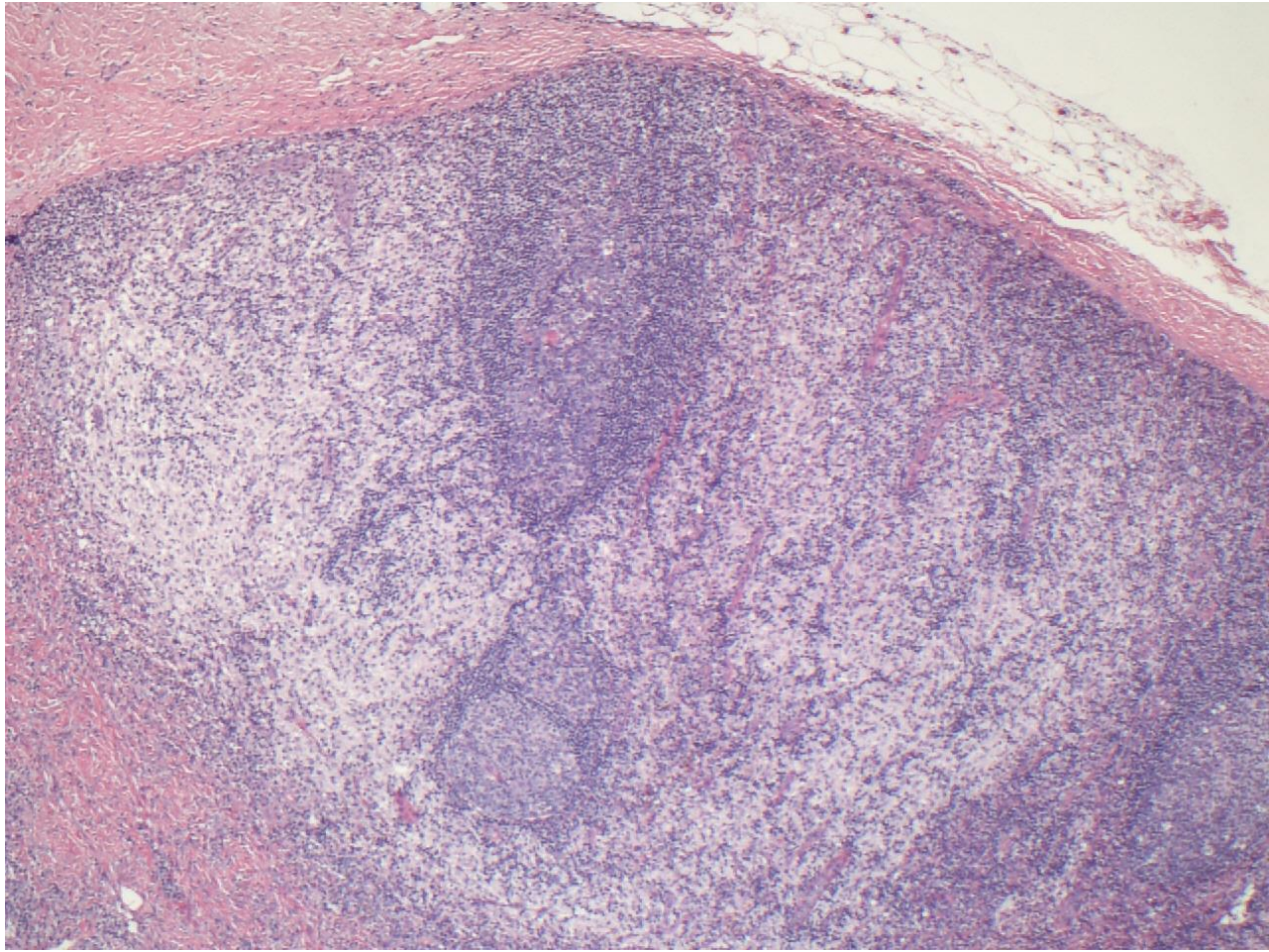
- Score 1 (n=109)
 - EATL, lymphoma, NHL, high grade lymphoma, malignant neoplasm likely lymphoma/favour lymphoma, lymphoma favouring MALT lymphoma (IHC panel suggested).
 - Some also mentioned background coeliac disease. Many mentioned need for IHC
- Score 2 (n=1)
 - MALT lymphoma.

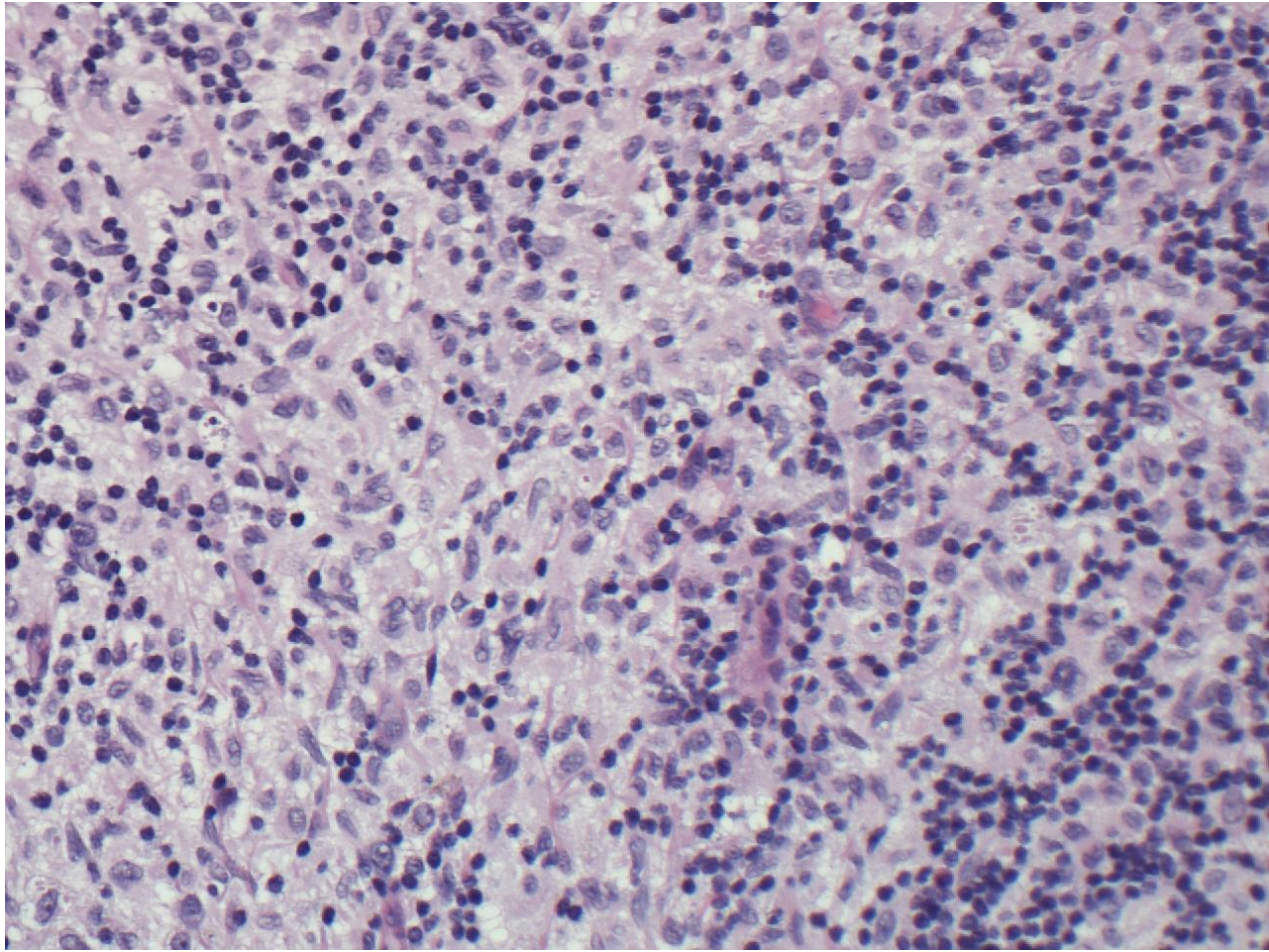
Case G

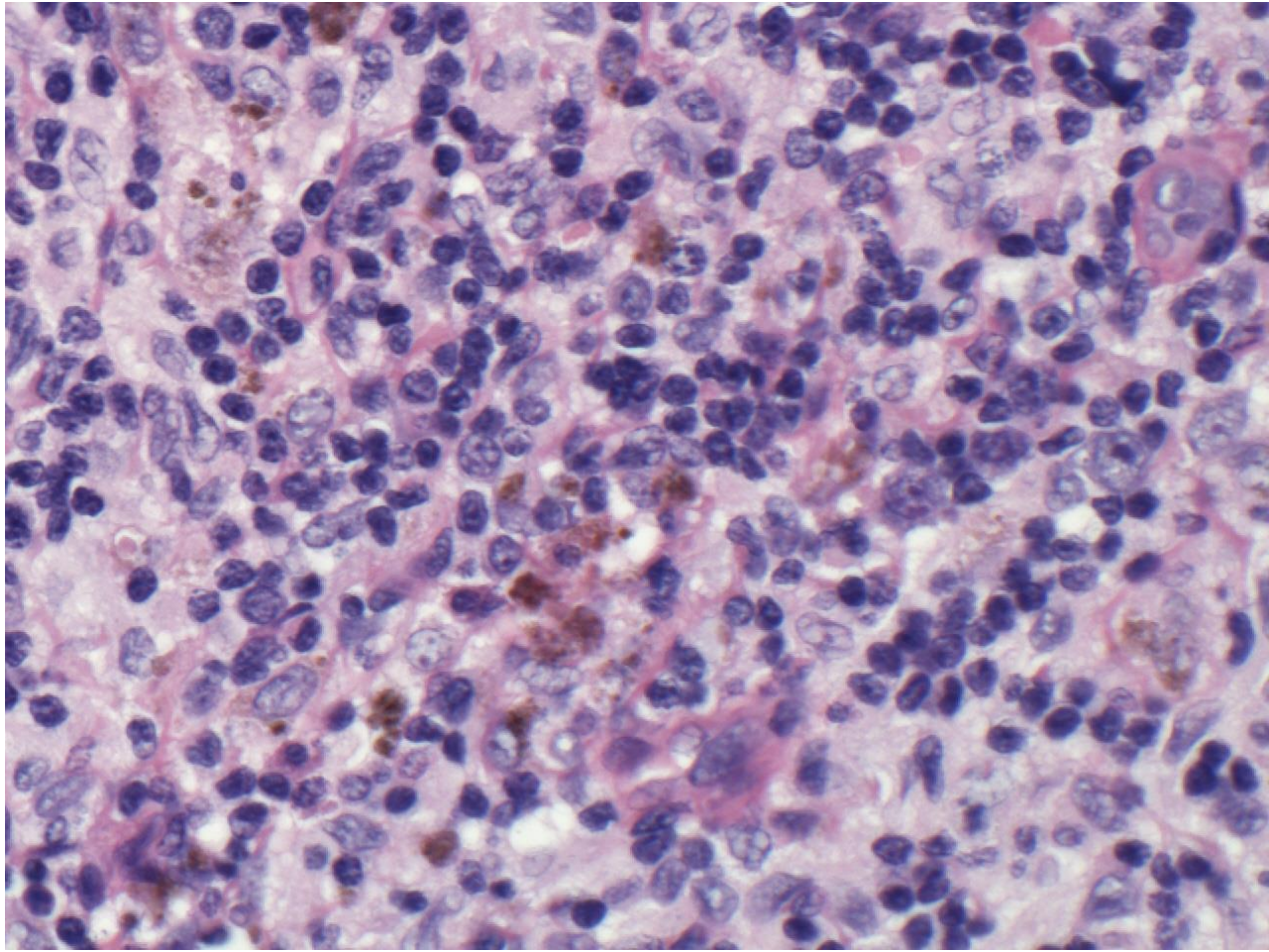
- 84 year old female. Profound weight loss and night sweats. CT- axillary and groin nodes.
?lymphoma
- Lymph node excision biopsy











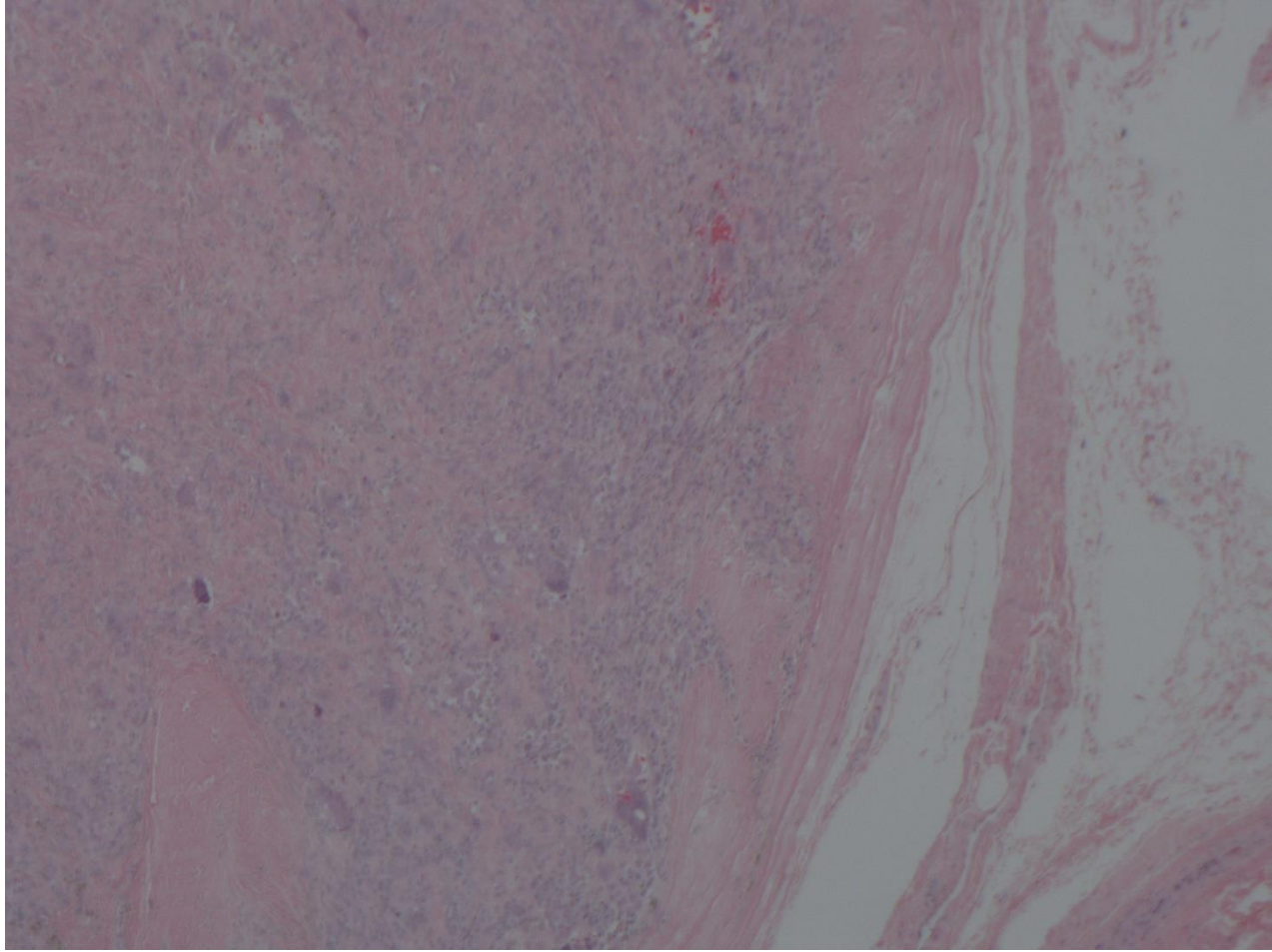
- Dermatopathic lymphadenopathy

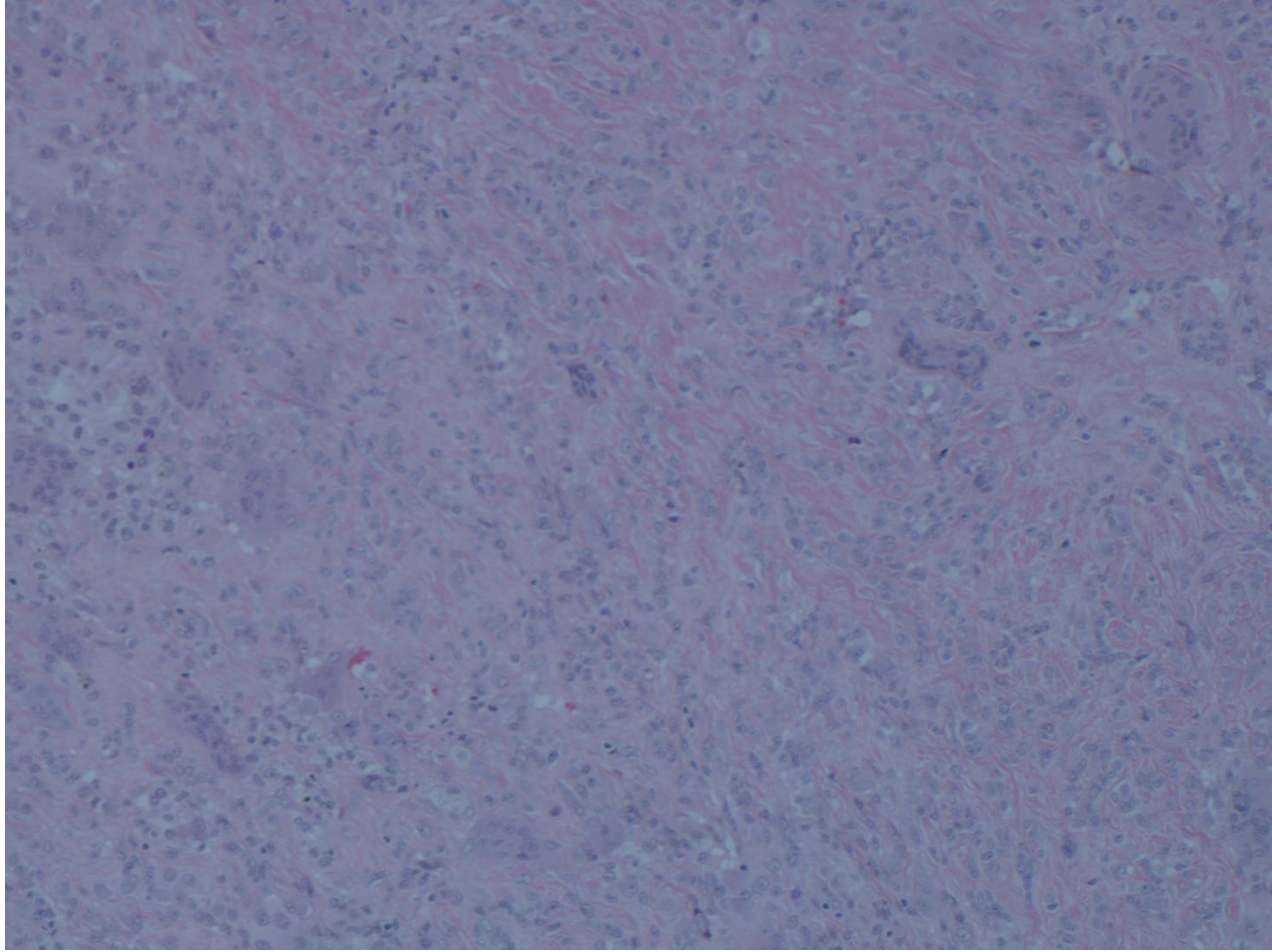
- Score 1 (n=102)
 - Dermatopathic lymphadenopathy/lymphadenitis, reactive ?dermatopathic
 - Reactive/sinus histiocytosis, lymphadenitis, reactive lymph node
- Score 2
 - Granulomatous lymphadenitis n=1
 - Toxoplasmosis. n=2
 - Unsure. Considered Nodular LP Hodgkin lymphoma but in no way confident. Requires IHC and specialist Haempath referral. n=1
- Score 3
 - Rosai-Dorfmann disease. n=2
 - Haemophagocytosis n=1
 - Histoplasmosis n=1

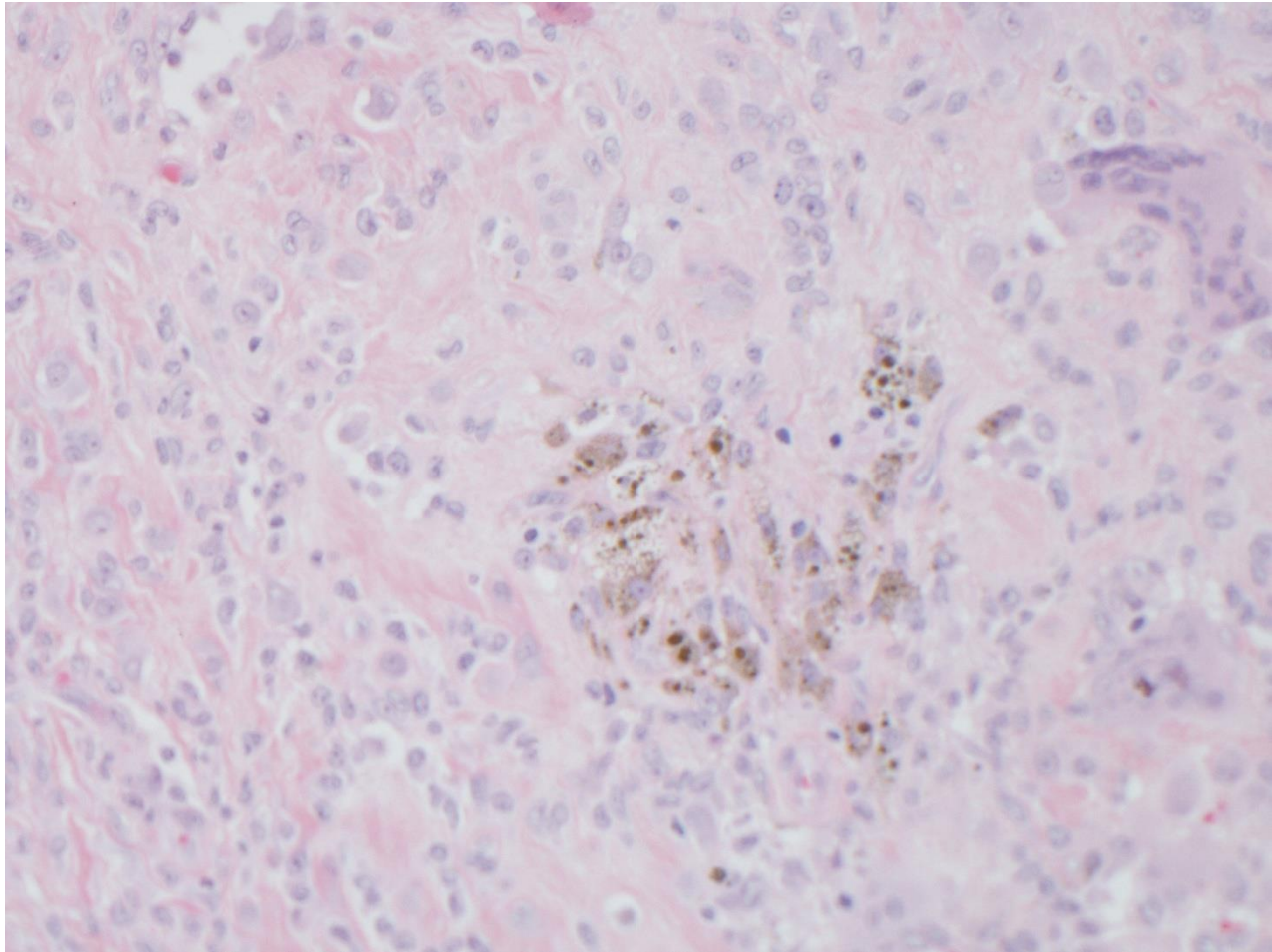
Case H

(provided by Dr K Robertson)

- 26 year old male.
- Swelling on left thumb.







- Giant cell tumour of tendon sheath

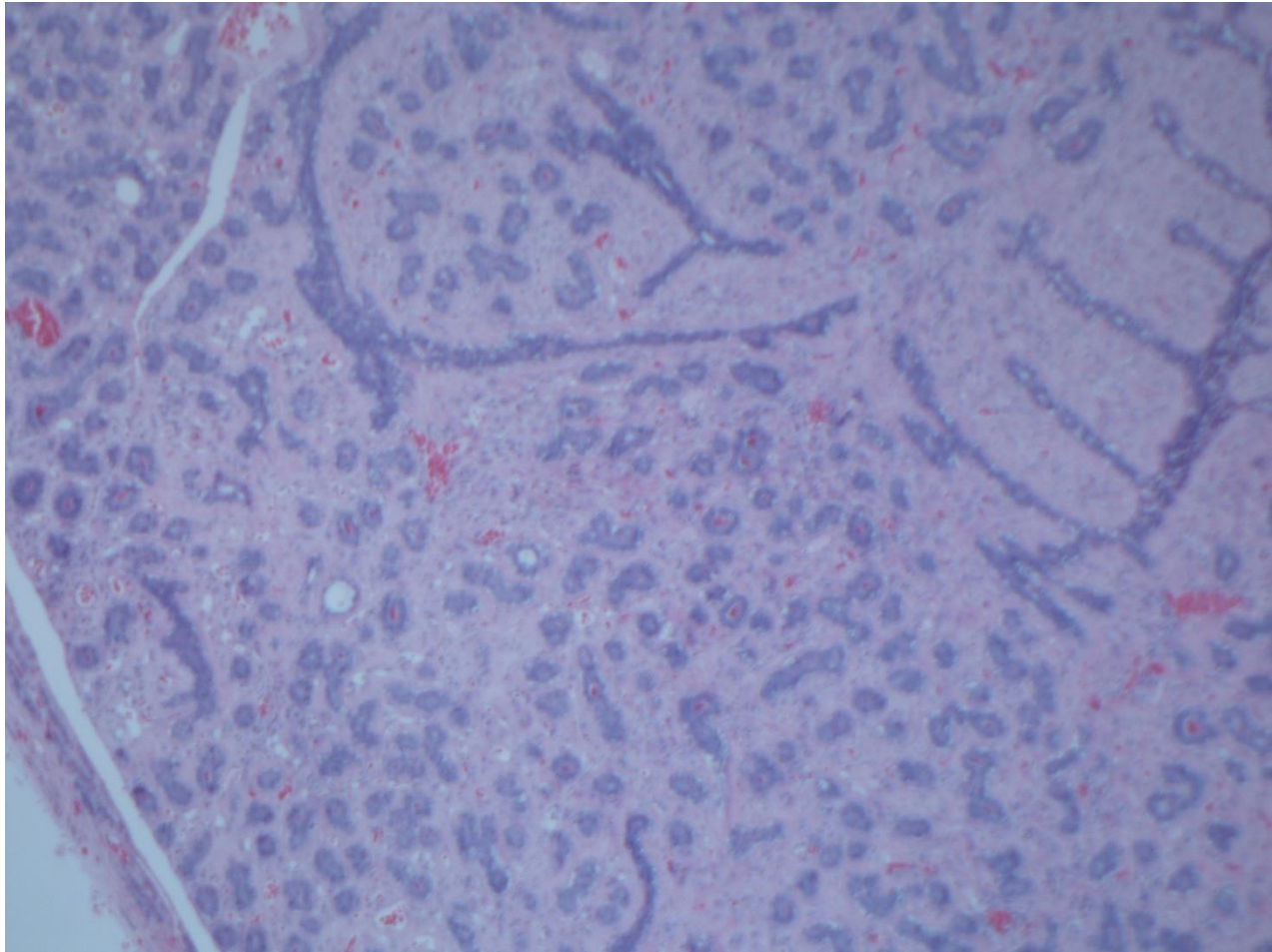
Diagnoses

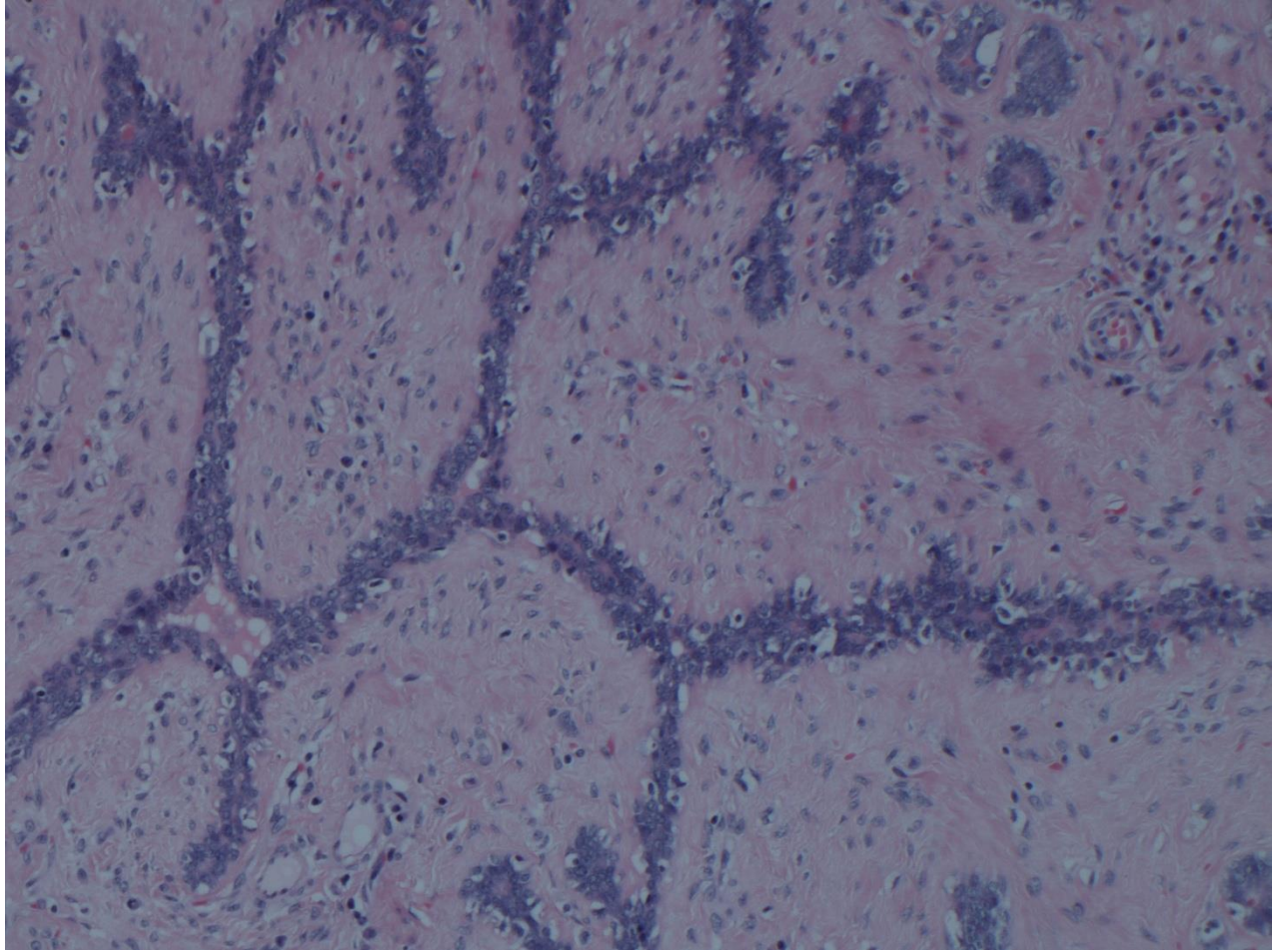
- Score 1 (n=110)
- Giant cell tumour of tendon sheath

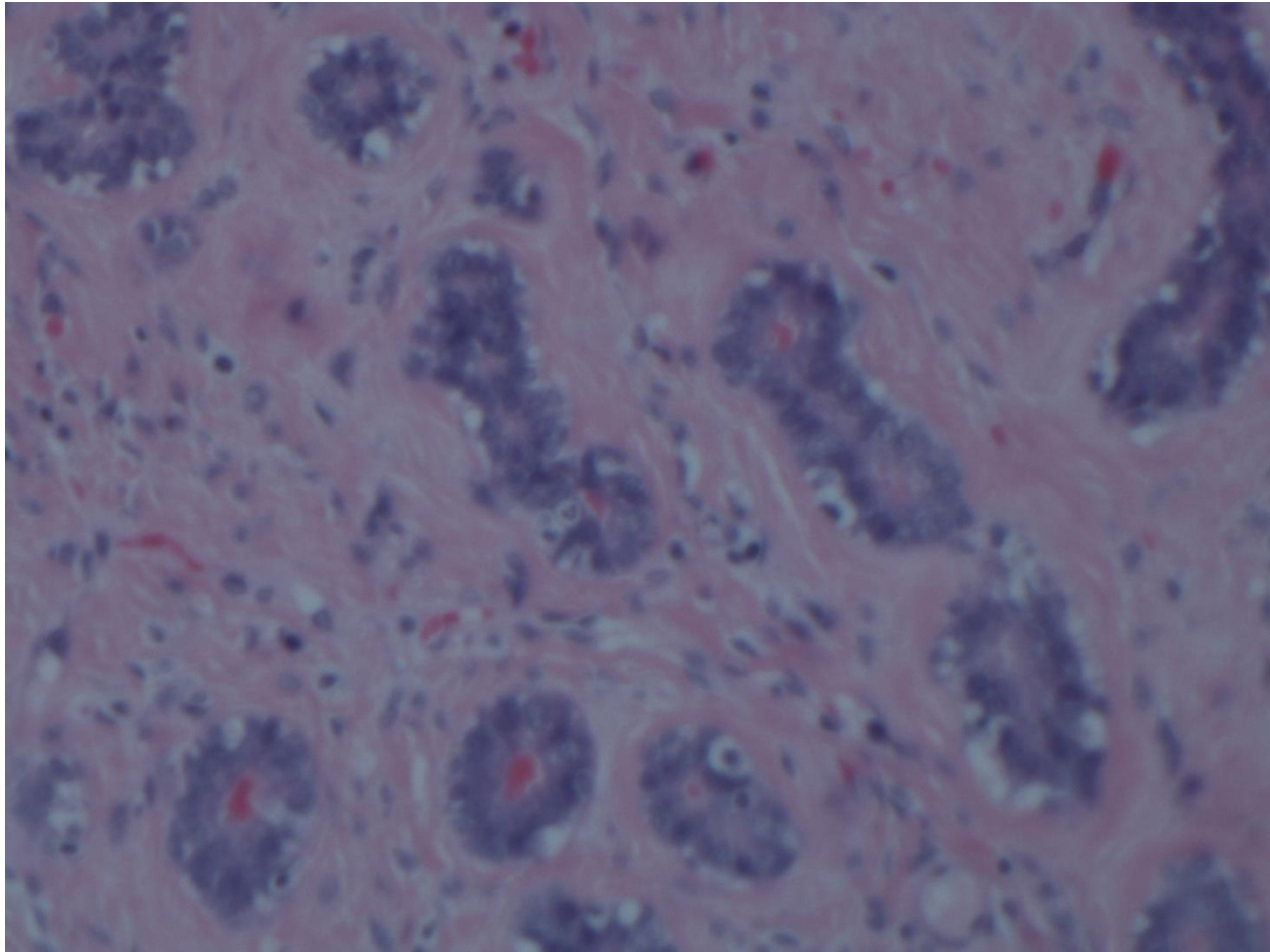
Case I

(Provided by Dr G Stenhouse)

- 19 year old female
- Left breast lesion, E2, U3.







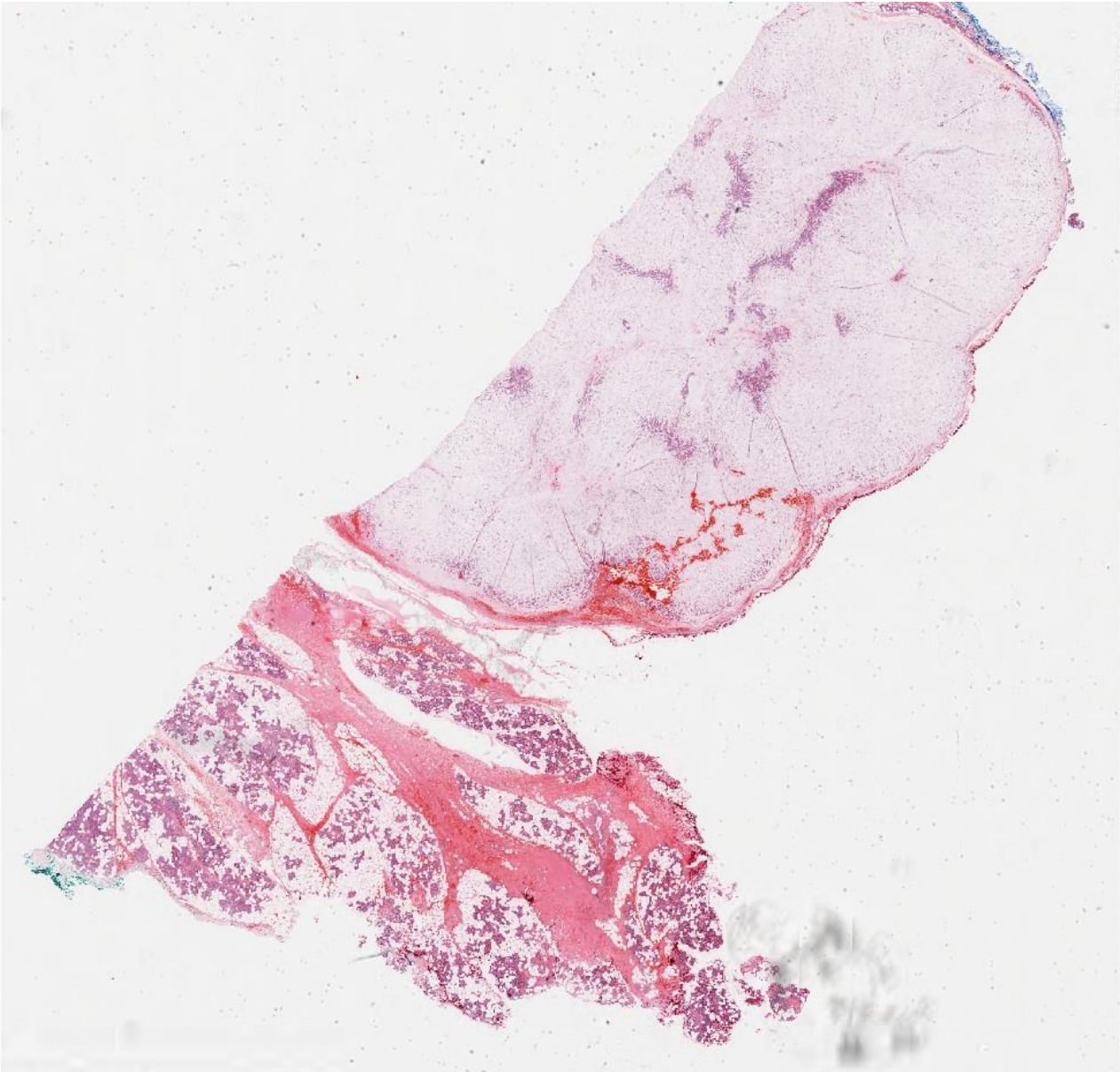
- Fibroadenoma

Diagnoses

- Score 1 (n=110)
- Fibroadenoma

Case J

- 45 year old male
- Submandibular lesion



- Pleomorphic salivary adenoma

Diagnoses

- Score 1
- Pleomorphic salivary adenoma